**[](http://bsug.org.uk/)**

**British Society of Urogynaecology Travel Bursary Scheme**

**[Toggle Menu](http://bsug.org.uk/)**

**APPLICATION FORM**

Please read the application guidance guidelines before completing this form

Once completed please submit with any supporting evidence to [aking@rcog.org.uk](mailto:aking@rcog.org.uk)

Section 1 is for monitoring purposes only and will not be available to scoring panel members.

**Section 1**

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

Personal details

|  |  |  |
| --- | --- | --- |
| Title |  | |
| First name(s) |  | |
| Surname |  | |
| GMC Number |  |
| Address (inc. postcode) |  | |
| Email address |  | |

Please provide details of your current position and your place of work.

|  |  |
| --- | --- |
| Employing Trust |  |
| Training grade |  |
| Are you registered for the urogynaecology/vaginal surgery ATSM? |  |

**Declaration**

The information that I have provided in this application form is true and correct to the best of my knowledge.

I have read and understood the guidelines under which the bursary is awarded and if an award is made, I agree to abide by them.

Signed: Click here to enter text.

**Equality & Diversity**

MONITORING INFORMATION

In line with the NHS Equality Delivery System we are committed to promoting equality and eliminating unlawful discrimination.  We seek to achieve diversity by ensuring that no applicant receives less favourable treatment on grounds of (but not limited to) sex, race, colour, religion, marital status, sexuality, age, ethnic origin, or disability, or is placed at a disadvantage by conditions or requirements that cannot be shown to be justifiable.

Completion of the following questions is voluntary and for monitoring purposes only. Any information that you do provide will be treated in the strictest confidence and will not be available to panel members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of birth (DD/MM/YYYY) | Click here to enter a date. | | | |
| Gender | Female  Male | | | |
| Do you live and work in a gender other than that assigned at birth? | Yes  No | | | |
| I would describe my ethnic origin as: | | | | |
| Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other Asian background | | Mixed  White & Asian  White & Black African  White & Black Caribbean  Any other mixed background | | Other Ethnic Group  Chinese  Any other ethnic group |
| Black or Black British  African  Caribbean  Any other Black background | | White  British  Irish  Any other White background | | I do not wish to disclose my ethnic origin |
| Please select the option which best describes your sexuality | | | | |
| Lesbian  Gay  Bisexual | | | Heterosexual  I do not wish to disclose my sexual orientation | |
| Please indicate your religious belief | | | | |
| Atheism  Buddhism  Christianity  Islam | | Jainism  Sikhism  Judaism | | Hinduism  Other  I do not wish to disclose my religion/belief |
| Do you consider yourself to have a disability? | | Yes No  I do not wish to disclose | | |
| Please state the type of impairment which applies to you.  People may experience more than one type of impairment, in which case you may indicate more than one.  If none of the categories apply, please mark ‘other’. | | | | |
| Physical Impairment  Sensory Impairment  Mental Health Condition | | | Learning Disability/Difficulty  Long-standing illness  Other | |

**Section 2**

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

Which section of the bursary are you applying for, please select ***only one.***

|  |  |
| --- | --- |
| Bursary for ATSM trainee |  |
| Bursary for core trainee |  |

Which category of the bursary are you applying for, please select ***only one*.**

|  |  |
| --- | --- |
| Bursary for attendance to a national/international conference |  |
| Bursary to visit an urogynaecology unit for professional experience and development |  |

A) If planning to attend a national/international conference, please answer the following question otherwise go to next question (B).

Name the conference/meeting you intend to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be presenting your academic work at the conference/meeting? Yes  No

|  |
| --- |
| **Please explain why you wish to attend the conference/meeting and how attendance at this will benefit your personal and professional development (max 300 words).** |
|  |

B) If you are planning on visiting an urogynaecology unit for professional experience and development, please answer the following questions:

Name of the unit you intend to visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited this unit before? Yes No

Proposed starting date for your visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned length of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please explain why you wish to visit this unit and how the visit will benefit your personal and professional development (max 300 words).** |
|  |

**Section 3**

I confirm that I am an associate member of BSUG.

I confirm that I have not received a bursary from BSUG to attend a meeting/conference or visit an urogynaecology unit for professional experience previously