

BACCNA Professional Development Support Fund **Application Form**



[Please return by email lynda.tellett@uhs.nhs.uk or post to the address at the bottom of this page]

This fund has been set up to assist with the professional development of nurses working in the field of adult congenital heart disease. Applications are welcome from those considering attending a conference/educational event.

Successful applicants will be notified in writing or via email of the result of their funding application. **If an application is approved, the applicant will be required to submit a receipt as proof of payment for their chosen event prior to BACCNA allocating funds to them.**

The nurse sponsored must be willing to write an article for The Somerville Foundation +/- BACCNA newsletter following the sponsored event. This is a mandatory condition of the sponsorship. The report of approximately 500 words and should include a summary of sessions attended and how it relates to their every day practice.

PART 1: Contact Details to be completed by applicant

Full Name:

Position:

Name of Hospital/Work Place:

Correspondence Address:

Tel:

Email:

PART 2: Conference Details to be completed by applicant

Conference/Event Title:

Date(s):

Duration of Conference/ Event:

Conference/Event Organiser:

Contact Details:

Total Cost of Conference/Event:

Please select the most relevant answer to each of the following:

1. Will you be attending this event as a presenter?

2. Have you previously received funding from BACCNA?

3. Have you received funding from any other source to attend conferences/events within the last two years?

PART 2:

Please write a brief statement explaining how you will utilise the knowledge gained from this conference/event in your work place. Please continue on a separate sheet if necessary:

PART 3 – Declaration to be completed by applicant

Have you applied for, and / or received funding from other sources towards attending the aforementioned conference/event?

If YES, please specify details below. Failure to disclose details may affect the outcome of your application / rule your application null and void.

Enter details here including amount:

If NO, please read the following statement and enter your name as indicated.

Declaration:

I agree that following my attendance to the aforementioned conference/event I will submit a copy of confirmation of my attendance at this event to BACCNA at the address below. I will also produce a written report (maximum of 500 words) for the BACCNA/The Somerville Newsletter within 4 weeks of attending the conference/event.

Please enter your name as confirmation of above:

Date:

PART 4 – To be completed by BACCNA

Conference/Event Title:

Amount funded by BACCNA: Enter amount

Approved by BANCC President or Appropriate Deputy: Enter details

Date approved:

Linda Griffiths
BACCNA President

Lynda Tellett
BACCNA Treasurer

