

**PPEF Application form for SCHEME B**

**Individual Scholarship Awards. Maximum funds available £2,000**

**Please refer to the Guidance notes before completing the form.**

# 1 Personal Details

|  |  |
| --- | --- |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Email** |  |
| **Home Address** |  |
| **Post Code** |  |
| **Tel no home** |  |
| **Tel no work** |  |
| **Mobile no** |  |
| **Work Address** |  |
| **Post Code** |  |
| **CSP member no** |  |
| **HCPC registration no** |  |
| **Physio First member no** |  |
| **Qualifications with dates** |  |
| **Have you applied for a grant from PPEF before?** |  |
| **Details of previous grants from PPEF and other sources** |  |
| **How did you hear about PPEF?** |  |
| **The Chairman of PPEF Trustees must be informed of any changes to these details** | |

Self-funding Speaker or Poster Presenter attending a conference Yes / No

Individual Scholarship Activity Yes / No

# 2. Scheme Details

|  |  |
| --- | --- |
| Full Title of Scholarship Activity / Title of Congress |  |
| Location |  |
| Mode of Study  (E.g.: full / part-time, distance learning) |  |
| Starting Date |  |
| Duration of Course / Congress |  |
| Completion Date |  |
| Please submit proof of acceptance on the programme with the starting date e.g.: letter from institution / course leader. | Letters enclosed  Yes  No |

# 3. FINANCIAL INFORMATION

Expenses of programme / congress:

|  |  |
| --- | --- |
| Registration / course fees to academic institution/course leader:  *Please submit evidence of fees required e.g. programme brochure, letter from institution/course leader.* | £ |
| Travel | £ |
| Books / Stationery | £ |
| Subsistence | £ |
| Other  *Please specify* | £ |

Financial support for programme

|  |  |
| --- | --- |
| Employing Authority’s Contribution  (if applicable) | £ |
| Study Leave | YES / NO (Please delete as appropriate)  If Yes, Number of days with / without pay? |
| Other grants / awards | £ |
| Please list any other grants you have applied for indicating the amount requested and whether or not the application was successful |  |
| Amount requested from PPEF  *Maximum funds available £2,000* | £ |

# 4. JUSTIFICATION FOR APPLICATION:

|  |
| --- |
| *Please submit Justification: Please type on 1 side of A4 maximum, minimum font size 10. The Justification should be presented under the three following headings:*   * Justification for undertaking this particular programme / attending congress * Relevance to your future continuing professional development * Benefit to the physiotherapy profession.   The quality of this statement will affect the level of funding awarded. |

5. POST GRADUATE DEVELOPMENT

Please submit details of your post-qualifying employment and education.

|  |
| --- |
| *Please type on 1 side of A4 maximum, minimum font size 10, including all relevant dates for education and employment.* |

|  |
| --- |
| I agree to be bound by any conditions set by the Private Physiotherapy Educational Foundation.  I confirm that any money provided by the Private Physiotherapy Educational Foundation would otherwise be provided by myself.  I agree to the PPEF holding my personal details in accordance to GDPR regulations.  Name: Date:  Signature: |

**CHECKLIST:**

**Have you fully and correctly completed sections?**

**1.**

**2.**

**3.**

**4.**

**5.**

Please return to:

PPEF

Minerva House

Tithe Barn Way

Swan Valley

Northampton, NN4 9BA

Email: [admin@ppef.org.uk](mailto:admin@ppef.org.uk)

Website: [www.ppef.org.uk](http://www.ppef.org.uk)