

**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

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