

**PPEF Application form for SCHEME B**

**Individual Scholarship Awards. Maximum funds available £3,000**

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

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| **1** **PERSONAL DETAILS – please complete all sections** |
| **Title** |  |
| **Name**  |  |
| **Email** |  |
| **Correspondence Address** | **Work** | **Home**  |
|  |  |
| **Contact Phone numbers**  | **Mobile** | **Work**  | **Other**  |
|  |  |  |
| **Registration numbers***/**if applicable* | **HCPC o** | **CSP membership** | **Physio First membership** |
|  |  |  |
| **Qualifications with dates** |  |
| **Have you applied for a grant from PPEF before? If so, give details here.** |  |
| **Details of previous grants from PPEF or other sources for this activity** |  |
| **How did you hear about PPEF?** |  |

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| 2. Scheme Details |
| **Tick to indicate which scheme you are applying for**  | Self-funding Speaker or Poster Presenter attending a conference | Individual Scholarship Activity |
|  |  |
| **Full Title of Scholarship Activity / Title of Congress** |  |
| **Institution/ Location of conference** |  |
| **Mode of Study (e.g.: full / part-time, distance learning) or****Nature of conference activity – paper/poster/** |  |
| **Starting and completion dates of Course** |  |
| **Duration of conference/ Congress** |  |
| **Please submit proof of acceptance on the programme/conference e.g.: with Confirmation details from institution/ conference organisers.**  | Letters enclosed \*\*tick to indicate  |
| Yes |  |
| No |  |
| 3. FINANCIAL INFORMATION  |
| **3.1 Expenses of programme / congress:** |
| **Amount requested from PPEF*****Maximum funds available £3,000*** | £ |
| **Registration / course fees to academic institution/course leader:** | £ |
| **Travel** | £ |
| **Other – e.g. access to data bases or e-learning resources etc.** | £ |
| **Subsistence** | £ |
| **Other*****Please specify*** | £ |
| **3.2 Financial support for programme** |
| **Employing Authority’s Contribution** **(if applicable)**  | £ |
| **Study Leave**  | Yes  |  |
| No |  |
| If Yes, Number of days with / without pay |  |
| **Other grants / awards** | £ |

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| **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:* 1. Justification for undertaking this particular programme / attending congress
2. Relevance to your future continuing professional development
3. Benefit to the physiotherapy profession.

The quality of this statement will affect the level of funding awarded.  |
| 1. Justification for undertaking this particular programme / attending congress
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| 1. Relevance to your future continuing professional development
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| 1. Benefit to the physiotherapy profession
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| **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 dates for education and employment and relevant courses and CPD activities.* |

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| 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.[ ]

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| **Name** |  |
| **Signature** |  |
| **Print name**  |  |
| **Date**  |  |

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| **CHECKLIST: Have you fully and correctly completed sections?** |
| **1** | [ ]  Yes [ ]  No |
| **2** | [ ]  Yes [ ]  No |
| **3** | [ ]  Yes [ ]  No |
| **4** | [ ]  Yes [ ]  No |
| **5** | [ ]  Yes [ ]  No |

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| **Please return by email to :** |
| **Email address**  | admin@ppef.org.uk |
| **Phone number**  | 01604 684960  |
| **Website**  | [www.ppef.org.uk](http://www.ppef.org.uk) |
| **PPEF admin contact name** | Donna Partoon  |