



**RCSI** FACULTY OF  
NURSING & MIDWIFERY

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RCSI FACULTY OF NURSING AND MIDWIFERY

# CLINICAL BURSARY AWARDS 2023-24

APPLICATION FORM

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

**RCSI Faculty of Nursing and Midwifery will award five Clinical Bursaries, each to the value of €5000.00, to registered nurses and registered midwives, in the direct provision of health and social care, across all practice settings.**

## **SUBMISSION GUIDELINES**

**Applications for the Clinical Bursary Awards of the RCSI Faculty of Nursing and Midwifery must include information on the following areas:**

1. Introduction
2. Evidence informed and needs based rationale for the initiative
3. Information on the relevance and alignment of the initiative to Ireland's current health policy, policies for nursing/midwifery and its alignment to the Faculty's Strategic Pillars
4. Information on how the initiative is being/will be developed and is being/will be implemented
5. Information on the potential tangible and positive outcomes of the initiative for patient safety and quality of care and/or service delivery
6. Information on the potential tangible and positive outcomes of the initiative on the experience of patients/clients/service users in the health and social care system
7. Information on the potential positive outcomes of the initiative for patient/clients/service users and for service delivery
8. Information and preliminary costings on how the bursary will be spent in the development/implementation of the clinical practice initiative
9. Plan(s) if any/potential for sustainability in the service in which the initiative is implemented
10. Plans for scaling and spreading initiative/improvement i.e. replication in other services
11. Conclusion

**Applications must be presented clearly and coherently.**

**Word Count: 2,500 words**

**CLOSING DATE FOR APPLICATIONS  
12 MIDDAY, FRIDAY 10 NOVEMBER 2023**

**Announcement and Award presentation at Faculty's  
Annual International Conference February 2024**

**For further information and to download the application form please visit  
[www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery](http://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery)**

**PLEASE COMPLETE THIS APPLICATION AS A PDF.**

Page 3 and 4 are also available as separate documents for group applications.

**Once completed, please save and email to [facnurse@rcsi.com](mailto:facnurse@rcsi.com)  
and include Clinical Bursary Application in the title.**

**SELECT CLINICAL BURSARY APPLICATION TYPE**

**Individual Application**

**Team/Ward/Unit/Department/  
Organisation Application**

**Specialist and Advanced  
Practice Application**

**TITLE OF INITIATIVE**

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**NAMES OF APPLICANT**

**Group Applications must supply separate biographical details page for each applicant.**

Professor/Doctor/Mr/Mrs/Ms/Miss/Other    Name (corresponding author)

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Professor/Doctor/Mr/Mrs/Ms/Miss/Other    Name

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Professor/Doctor/Mr/Mrs/Ms/Miss/Other    Name

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Professor/Doctor/Mr/Mrs/Ms/Miss/Other    Name

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Professor/Doctor/Mr/Mrs/Ms/Miss/Other    Name

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## APPLICANT DETAILS

**For Group Applications: Please provide separate biographical details page for each applicant.  
Additional pages are available to download on the website**

Professor/Doctor/Mr/Mrs/Ms/Miss/Other Name

Professional Role

Nurse/Midwife Registration Number

Contact Address

Contact Mobile Number

Work Email Address

## PROFESSIONAL EXPERIENCE/ RELEVANT EMPLOYMENT RECORD

Employer

Position and Key Expertise

100 words

Period

Employer

Position and Key Expertise

100 words

Period

Employer

Position and Key Expertise

100 words

Period

## RELEVANT PROFESSIONAL EDUCATION/TRAINING

Description of Award

Awarding Body

Date of Award

Description of Award

Awarding Body

Date of Award

Description of Award

Awarding Body

Date of Award

**DETAILS OF THE INITIATIVE**

*Maximum 2,500 words*

**APPLICANT'S DECLARATION.**

*I declare that the information provided in this application is complete, accurate and true, to the best of my knowledge and belief. I understand the making of false statements may result in the withdrawal of this application from the process.*

Applicant's Signature:

Date:

IMPORTANT

This form must be completed in full. Incomplete applications will not be considered

FOR FURTHER INFORMATION PLEASE CONTACT

**Paul Mahon,**  
**Operations and Education Manager**  
**pmahon@rcsi.com**

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