

PLEASE COMPLETE THIS APPLICATION AS A PDF.

Once completed, please save and email to **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

NAMES OF APPLICANT

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

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

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

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

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

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

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