**Repeating Year ScotGEM Bursary Application**

**2023-2024**

Email: [scotgembursary@nes.scot.nhs.uk](mailto:scotgembursary@nes.scot.nhs.uk)

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| **1.** | **Course/programme details**  ScotGEM programme registration number: |  |
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|  | **ScotGEM Bursary will consider requests for repeat years but the maximum Bursary payable to one student to graduate with a ScotGEM MBChB is £16,000** |  |
|  | Year of course: |  |
|  | Have you previously been a recipient of the ScotGEM bursary?  What previous years have you applied for and received the ScotGEM bursary? | Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | **Fee status** |  |
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|  | Status: Home (Scotland) Rest of UK EU | |
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| **3.** | **Your personal details** |  |
|  | Title Date of birth | |
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|  |  | |
|  | First name(s) Surname | |
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|  |  | |
|  | Home address Term time address | |
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|  | Please note ScotGEM Bursary team will only contact you via email. | |
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|  | Your bank billing address: | |
|  |  | |
|  |  | |
|  | Phone number | |
|  |  | |
|  | e-mail address | |
|  | Please note for identification purposes it is better if the same email address can be used every year you apply. | |
| **4.** | **Privacy Notice**    **Why do we process this personal data?**  Information is used to process applications for ScotGEM Bursarys and to make payments. Information will be transferred between NES, your university and Scottish Government, this is to ensure that any contractual obligations are completed and information is kept up to date. Where appropriate special category information will be processed to ensure any extenuating circumstances are captured.  **What personal data does NES Medical directorate use?**  Your personal identification, education information and where appropriate health information will be processed as advised above.  **Legal Basis**  The legal basis NES uses for processing your personal data within NES Medical directorate can be found under UK GDRP Article 6(1)(b) – It is necessary for the performance of a contract with the individual.  The legal basis for processing your special category data is Article 9(2)(h) – Health or social care (with a basis in law)  **Data transfers outside the UK**  All data is stored within the UK for NES Medical directorate. This is acceptable under the current legislative framework.  **Automated Decision making**  Individuals will not be subject to automated decision making within NES medical directorate.  **Retention**  Data will be processed for a minimum of 8 years.  **More information:**  Information about your rights, how to make a complaint, and how to contact the NES Data Protection Officer can be found in the [NES Privacy Notice](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nes.scot.nhs.uk%2Flegal-and-site-information%2Fprivacy%2F&data=05%7C01%7CDawn.Mann%40nhs.scot%7C190868f114474aa4b12d08db2ba735c8%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638151769374286663%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=K%2FJdU1csIIFsV%2Fe1GqeX8bBCbyTwAMDaIfR6cERJnqU%3D&reserved=0).  **Declaration and undertaking (you must sign this)** | |
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|  | * As far as I am aware, the details given on this form are complete and accurate; and I will inform NES of any changes to my personal contact details by email to [scotgembursary@nes.scot.nhs.uk](mailto:scotgembursary@nes.scot.nhs.uk) . | |
|  | * I agree to give you any further information you may ask for in relation to this application. | |
|  | * I will tell you immediately if my circumstances change in any way that might affect any amount I have received. | |
|  | * I agree to repay any amount I have received, which is more than the award due to me. | |
|  | * I undertake to carry out medical work in NHS Scotland, beginning within 12 months of graduation; If my bursary is claimed for 4 years, 3 years, 2 years or 1 year my reckonable years of medical work in NHS Scotland will be 4 years, 3 years, 2 years and 1 year respectively. * I understand I can only apply for a maximum of 4 years of the ScotGEM Bursary. | |
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| **Signature:…………………………………………………………................................. Date:……………………** | | |
| **Please do not type signature this must be a physical signature or an electronic signature** | | |
| **Warning: We may prosecute you if you give false information** | | |
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