**ScotGEM Bursary Application**

**2018-2019**

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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|  |  |  |
|  | Year of course: Are you repeating the year? | Yes No |
|  | Have you previously been a recipient of the ScotGEM bursary?  If yes, how many times have you applied for and received the ScotGEM bursary? | Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | **Fee status** |  |
|  |  |  |
|  | Status: Home (Scotland) Rest of UK EU | |
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|  |  |  |
| **3.** | **Your personal details** |  |
|  | Title Date of birth | |
|  |  | |
|  |  | |
|  | First name(s) Surname | |
|  |  | |
|  |  | |
|  | Home address Term time address | |
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|  | Please specify where you would like any correspondence to be sent: Home | |
|  | Term-time | |
|  |  | |
|  | Phone number | |
|  |  | |
|  | e-mail address | |
|  |  | |
| **4.** | **Declaration and undertaking (you must sign this)** | |
|  |  | |
|  | * As far as I am aware, the details given on this form are complete and accurate | |
|  | * I agree to give you any further information you may ask for. | |
|  | * 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 1 year (or part time equivalent) of medical work in NHS Scotland, beginning within 12 months of graduation; and that my NHS earnings will represent at least 80% of my total earnings for each of these years. 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. | |
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| **Signature:…………………………………………………………................................. Date:……………………** | | |
|  | | |
| **Warning: We may prosecute you if you give false information** | | |
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