**ScotGEM Bursary Application**

**2018-2019**

Email: scotgembursary@nes.scot.nhs.uk

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| --- | --- | --- |
| **1.** | **Course/programme details**ScotGEM programme registration number: |  |
|  |  |  |
|  |  |  |
|  | 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  |
|  |  |  |
|  |  |   |
| **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.
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|  | * I agree to repay any amount I have received, which is more than the award due to me.
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|  | * 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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