

PERSONAL DETAILS

Miss/Mrs/Mr/Dr/Other (circle as appropriate) _____

First Name _____

Surname _____

Contact Address _____

Email Address _____

Current employer: _____

BAPO Number: _____

HCPC Number: _____

Current Post: Please give details of main duties: _____

Any previous research experience: Please give details _____

What best describes your current role? (tick as appropriate).

Student Prosthetist

Orthotist

Prosthetist/Orthotist

Other (please state)

Are you involved with any BAPO committees?

(if yes, please detail which committee so we can ensure appropriate blinding of reviewers)

Conference details / research training / research activity (fill in as applicable)

Conference attendance: Name/ date/ location of conference

Research training: date/ location/ type of training

Research activity: intended period of research activity/ type of research/ location

Please use the space below to indicate why you are applying for this study grant.

Please describe clearly what you intend to use the funding for and the value of the activity in developing your clinical role/research career: (max 500 words)

RESOURCES REQUESTED

Please provide full details as requested below.

RESOURCES REQUESTED	COST (£)
Conference/ training course registration fee	
Travel costs	
Accommodation	
Research activity costs (specify)	
Any other expenses (please specify)	
Total cost	
Amount requested <i>This must be no more than £350</i>	
Balance to be funded elsewhere	

Please provide a brief justification of your budget (e.g., efforts to minimise costs), explain how the remaining balance will be funded and what steps you have taken to secure funding from other sources.

SECTION D: DECLARATION

Applicants are reminded that even applications that meet the criteria for funding may not be funded or may only be partially funded, due to the limited amount of funding available.

Due to limited resources, we will be unable to provide detailed feedback on submissions.

All applications will be judged by the BAPO Research Committee and the Trustees of the Charlie McLaughlin Memorial Fund. Their decision is final.

I confirm that all details provided are accurate and that the grant will only be used for the stated purpose. This application has been supported by my line manager/supervisor to take time to carry out the activity and I confirm that I will abide by the conditions of the award and will submit a report within eight weeks of the research activity and provide details of expenditure and scanned copies of all receipts.

Applicants signature (date)

Print name

Line managers signature (if appropriate) (date)

Print name

By returning this application form, you are agreeing to your data being processed by BAPO for the purpose of assessing whether your application can be awarded the grant. Your application will be securely stored. It will only be made available to reviewers and the BAPO Secretariat. In line with BAPO policy, successful applications will be retained for 5 years after the application is made. They will then be securely destroyed.