**The Friends of the Special Nursery**

**Training Bursary Funding Application**

Notes: All fields should be completed. Any field with an asterisk (\*) must be completed, as the application cannot be processed until this information is known.

If you are not the parent or guardian of any child referred to an application you **MUST NOT** include any personal information that could be used to identify that child. Instead refer to the patient as, for example, ‘Child A’. Parents, guardians or other family members making an application are free to provide any information they feel is appropriate to support their application.

**Please tell us about the person making the application**

**\*Your Name:**

**\*Your job title:**

**\*Your Email:**

**\*Phone Number:**

**Mobile Number:**

**Your role in relation to this application:**

**Parent ☐ NHS Staff ☐ Other ☐**

**Other (Please specify):**

**Study Leave**

**\*NHS staff must have study leave approved prior to applying. Please enter your study leave approval number here:**

**Please tell us about your training proposal**

*(Please provide as much information as you can to support your application.)*

**Application Title:**

## Who will benefit from this funding?

*(If it isn’t clear from the application section above, please tell us about the child/children who will benefit from this. You should also highlight the positive difference this will make to the child/children and also highlight any benefits to the family/families of the child/children).*

## How will you assess the benefits if funding is approved?

*(Please give as much information as possible on how you plan to assess the impact of this training)*

## Any further comments?

*(Please tell us anything else you feel will support your application here)*

## Have you ever been involved in any fundraising for The ARCHIE Foundation?

## Application details

**\*How much funding do you require: £**

**\*Are there any recurring costs you want us to pay for: £**

**\*Have you read our funding criteria? YES / NO**

**\*Is ethical approval required? YES / NO**

**\*When will the training take place:**

## Declaration

**\*Please confirm that all the information given is correct to the best of your knowledge at the time of submission: YES / NO**

Please provide your line manager’s details here. A copy of this application will be sent to your line manager for approval.

**Name:**

**Email address:**

**Phone Number:**

## Confidentiality

In some circumstances we may ask you to complete a confidentiality form allowing us to discuss this application with, for example, the NHS or the child’s family. If that is the case then we will send this to you to complete once your application has been reviewed.

## What to do next?

Please email this form to [info@archiefoundation.org.uk](mailto:info@archiefoundation.org.uk). We will acknowledge receipt within two working days and give you a reference number starting with the letters ‘FSN’. You should quote that reference number on all future correspondence relating to this application. If posting the form, please post to Funding applications, The Friends of the Special Nursery, Neonatal Unit, Aberdeen Maternity Hospital, Cornhill Road, Aberdeen, AB25 2ZL

## Office Use Only

FSN Number:

Date application acknowledged:

Acknowledged by: