**Research, Development and CPD Grant**

The Royal College of Occupational Therapists Specialist Section: Major Health Conditions provides five annual bursaries of up to £500 each to support members to participate in R&D or continuing professional development activities. It may be possible, depending upon the project and number of applications received, for the RCOT SS – Major Health Conditions to consider bursaries of up to £1,000. Applications can be made for a bursary at any time throughout the year but once all five have been awarded, additional funds will not be released until the next October.

**Eligibility Criteria**

* Applicants must be a member of RCOT SS – Major Health Conditions at the time of application.
* Applicants must not have received a RCOT SS – Major Health Conditions bursary during the 12 months prior to application.
* Applications will be considered for support to cover professional or service development opportunities or innovations which have specific costs, such as conference fees or travel costs to attend study events.
* The activity for which you are requesting financial support should be related to your professional practice in the fields of oncology, palliative care and rehabilitation, cardiac or respiratory care.
* Applications associated with specialist section activities supported through other RCOT routes, will not be considered for these awards
* All successful applicants must agree to give formal feedback within 6 months of approval.
* The National Executive Committee will discuss the most appropriate form of feedback.

**Application Procedure**

* The Application for Bursary form must be completed in full and returned to the Research and Development Lead and Chair of the Specialist Section
* An acknowledgement email will be sent on receipt of the application which will advise if all funds for the current year have been allocated. If this is the case it will be necessary for you to reapply when additional funds are released each October.
* Your application will be considered by two National Executive Committee members.
* You will be informed of the decision, within 6 weeks of your application being received.
* At this time, you will be informed of the chosen feedback method
* The committee representatives’ decision is final and there will be no right of appeal.
* Unsuccessful applications are free to re-apply at any time.
* Successful applicants must provide receipts detailing expenditure of awarded funds within 4 weeks of the event taking place, such as course fees receipts.

The Committee reserves the right to review the amounts available each year.

**Bursary Application**

|  |  |
| --- | --- |
| Name: | Date of Application: |
| Address: | email address: |
|  | RCOT Specialist Section membership type  *(delete as applicable)*  standard / student / retired / other |
|  |
| RCOT SS MHC membership No: |

**Event or Development/Innovation Information**

|  |  |
| --- | --- |
| Title or description of activity: | |
| Date of activity: | Location: |
| Total attendance fees: | Total travel costs: |
| Other costs- please state specific item: | |
| Amount requested: | |
| Other funding sources (such as self, employer): | |

If this application is for the development of innovative ideas to improve services and clinical practice, please provide information of the project, timescales and expected outcomes.

Please explain how participation in this activity or innovation will contribute to your professional development. Please continue on a separate sheet if necessary.

Please explain how this activity or innovation will benefit service-users and families. Please continue on a separate sheet if necessary.

Please sign below to confirm that you are a member of RCOT SS – Major Health Conditions and that if successful, you agree to give feedback, in the format as agreed by the National Executive Committee associated with the activity supported.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signed)

*For committee use*

Application received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledgement email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by (names and committee positions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_

Decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ decision emailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid by: e-banking /other \_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ committee position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipts received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_