



The Royal London Hospital (Whitechapel) League of Nurses
Clare Mann Bursary Fund (incorporating Ida Latham Scholarship, Jill Garrard Fund, Chris Moran Fund, the Denise Barnett Bursary Fund)

Application Form

Prior to completing this form please read the following conditions

- You need to have either trained at The Royal London Hospital (RLH) or have been in post at RLH for one year or more. Alternatively, you should be an existing member of the RLH League of Nurses.
- Please include either your dates of training or the date you commenced your appointment at RLH
- You must include with your completed form a copy of your application for the proposed training/study that you are asking for support in funding
- Your line manager must sign the application form to show that they are in support of you undertaking the proposed training/study
- We will not fund training which is ordinarily funded by Barts Health Trust
- At the discretion of the Clare Mann Committee we will fund travel/accommodation and/or any incidental costs
- If you do not complete your training, then you will be expected to **repay** the funds that have been awarded to you
- If you are not already then you are actively encouraged to become a member of the RLH League of Nurses. This will give you the opportunity to join our annual League meetings which include presentations around clinical topics
- In the event of a high number of grant applications then priority will be given to League members.
- **On completion of your proposed training/study days you must provide a short article explaining the training undertaken and how this will benefit your patients. This will be included in our annual publication The Review. Failure to do this could jeopardise any future funding requests.**

**Please complete this form in full and then return either by e mail to c.comley@hotmail.co.uk
Or by post to Cath Comley, President, The Royal London Hospital League of Nurses, c/o 91
Queens Road, Buxton, Derbyshire SK17 7ER**

Surname	
First Name	
Home address	
Telephone no.	
E-mail	
Current workplace	
Date of training at RLH OR date appointed to staff at RLH	
Are you a current member of the League of Nurses? If yes, what date did you join	
Current employment	

Details of Proposed Course or Study Day/s

Name of course/study days	
Where will this be undertaken?	
Please state briefly why this would be useful to your career and the benefits for patients	
Length of study	
Full or Part Time	
Total cost of Course	
If working is your line manager in support of you undertaking the proposed training?	
Has your employer offered financial assistance? If Yes, please give details.	
Please give details of any other financial help you have obtained.	
If you have previously received a grant from the Royal London Hospital League of Nurses, please give details.	
Banking details-account name, number and sort code	
Please give the name, address, e-mail address of your line manager	
Line manager signature and confirmation of support to undertake proposed training/study day/s	
Signature of applicant	
Date	