###### Instructions for completing application form

**Study/Educational visit/Workshop**

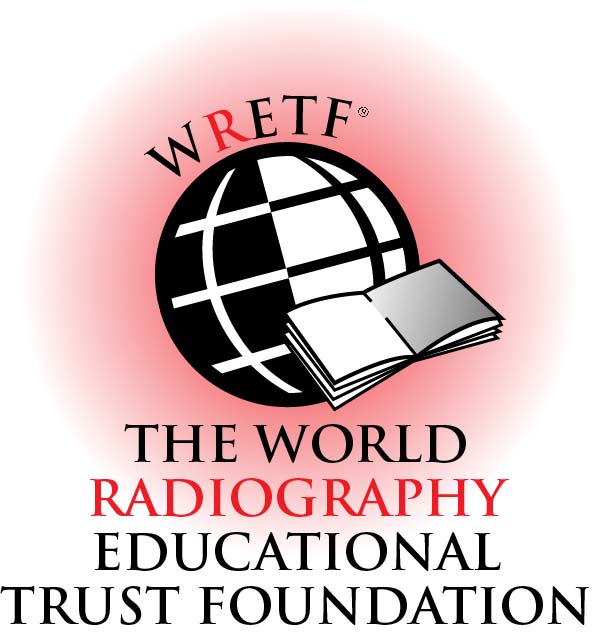
Please read the following instructions before completing the application form. **In order to be properly considered, it is important that as far as practical the application is completed in full and in accordance with required timeframes.** If any doubt please contact the WRETF via email at [admin@wretf.org](mailto:admin@wretf.org) for further help.

Applications should:

1. Be from qualified radiographers, radiological technologists, radiation therapists, radiological technicians or radiography lecturers/teachers.
2. Be endorsed by the Head of the Department or School of Radiography/university (when application is from a school of radiography). Letters of support to be sent with application
3. Describe your experience providing training or education of students or colleagues prior to making the educational visit.
4. Indicate training outcomes as a result of support being provided and any preparations that are already in place prior to the visit commencement.
5. Provide detailed information about the educational visit institute and how it's educational content is relevant to your work
6. Applications should ideally be made 6 months prior to the date of the start of the visit and will be considered twice a year by Trustees.
7. Provide precise details of your needs with regard to translation of technological information or preparation of pre course work. .
8. A list of the full costs to make the visit **MUST** be supplied with this application form and include details of additional funding you have applied for or received in the form of sponsorship or awards.
9. The website for the host institute **MUST** be included in this application form.
10. Closing dates for receipt of applications are 20th March for applications for visits in July to December the same year and 20th September for the following January to June visits.

**Please note:**

* The **work** address of the applicant should be included.
* Preference will be given to Applicants applying from the lower ranks in the United Nations Human Development Index ( UNHDI - hdr.undp.org/en/composite/HDI )
* Successful applicants will be required to write up a short description about their educational visit. The article will be made available on the website as well as a shortened version being put into any report from the WRETF.
* A proportion of the bursary will be withheld until the recipient returns from the visit and if the recipient receives funding direct from WRETF, that checks are made that it has been used for the purpose specified **and** thereport is received and assessed by Trustees.



**APPLICATION FORM FOR BURSARY FOR STUDY/EDUCATIONAL VISIT/WORKSHOP**

###### PERSONAL DETAILS OF THE APPLICANT:

|  |  |
| --- | --- |
| Title (Mr/Mrs/Ms/Dr)etc: |  |
| Family name: |  |
| Given (first) name: |  |
| Home address with postal(zip) code: |  |
| Work address with postal (zip) code: |  |
| Work address of employer with postal (zip) code: |  |
| Telephone number (home): |  |
| Telephone number (mobile): |  |
| Telephone number (work): |  |
| Email address: |  |
| Professional qualification(s): |  |
| Current job title with role and responsibilities (summary): |  |

|  |  |
| --- | --- |
| **Educational visit** |  |
| Indicate type of educational visit: eg international, national, regional, local. Clinical/Academic |  |
| Venue and dates of proposed visit |  |
| Name of the hosting organisation with website details |  |
| Describe structure and format of the educational visit |  |
| Name of key contact individual |  |
| Describe your purpose for this educational visit. What are your key areas of interest. (Max 100 words) |  |
| Provide 3-4 key learning outcomes to be achieved from this visit |  |
| Give details of how you will personally benefit from this educational visit (Max 100 Words) |  |
| Give details of how your department will benefit and how you intend to share the knowledge gained (Max 100 words) |  |
| Give physical details of your department.. Describe under the following criteria.  \*Size of hospital (no of beds)  \*Type of hospital (Urban, regional or remote)  \*Number of radiography staff  \*List main equipment and modalities included (eg. general diagnostic; CT, US, MRI, Radiation Therapy, interventional, cardiac cath.)  \*Image Processing (analogue/ digital)  \*Archiving and Information Systems |  |
| Provide Name of Chief Radiographer/Radiation Therapist |  |
| Provide Name of Head of Imaging / Therapy Department |  |
| Provide letters from 2 referees one of whom must be Chief Radiographer or Head of Dept |  |
| *Attach letters to application* |  |
| Provide evidence of previous post graduate education (CV or listing) |  |

FINANCIAL DETAILS

|  |  |  |
| --- | --- | --- |
| **Educational visit** | **DESCRIPTION** | **COSTS** |
| **Accommodation** |  |  |
| **Travel (Itemise)** |  |  |
| **Special fees for activities (Describe)** |  |  |
|  |  | Amounts requested |
| **On behalf of the department/school/association I am applying for support in the following areas:**  **(Check only those boxes which are relevant to this application)** | Educational material –(please list type of material required) |  |
| Financial assistance to travel |  |
| Translation of educational documents |  |
| Support for special activities |  |
| **Itemise any financial contributions from other named organisations** |  |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

Please let us know how you heard of WRETF and the bursary scheme

Completed application form to be returned by email to: admin@wretf.org