



**Confidential information; To be shared with grant committee panel members only.**

## **THE SIR GEOFFREY BATEMAN TRAVEL SCHOLARSHIP APPLICATION**

**Name of Applicant:  
Email:**

**Previous Name:  
Telephone No:**

**Address:**

**Nursing Midwifery Council No:**

**Pin & Expiry Date**

**Date of Nightingale Fellowship  
Membership:**

**Member of professional union no:**

**Present post and salary:**

**Qualifications:**

<b>Details of Application</b>	
What are your objectives in undertaking this study period?	
Place(s) to be visited	
Dates of Travel (from and to)	
Specific use of Travel funds: Flights / Trains / Boat / Car / Accommodation / Subsistence / Other	

Study Leave Approval from employer (Yes or No N/A)	
If study leave is not approved by your employer, will you take annual leave to enable you to travel?	
Have you applied anywhere else for funding?	
What benefits do you anticipate for your work?	
What benefits do you anticipate for yourself?	
How and to whom will you disseminate the benefits of this study period? for example: your employer, the Nightingale Fellowship, peer review journals.	
Please provide any additional information that you feel will be helpful to the Committee when considering this application.	
References (two - including one from your manager).	Name: Job Title Contact Details:
	Name: Job Title Contact Details:

Please attach a curriculum vitae with your application.

I confirm I will submit a report on completion of travel for consideration by the Editor for publication in the Nightingale Fellowship journal and possibly do a presentation at the Nightingale Fellowship Annual General Meeting.

**Signature**.....

**Date**.....

Please note that should you be successful in your application, where appropriate, the fees where appropriate, may be paid directly to the travel providers on receipt of confirmation.

Please return the completed form electronically to: [info@thenightingalefellowship.org.uk](mailto:info@thenightingalefellowship.org.uk)

May 2020