

**The SICS Postgraduate Studies Bursary application form**

Name			
SICS Membership category & number		Full / Trainee / Associate / Retired / Honorary	
Job title & place of work			
Contact email(s)			
Contact phone number(s)			
Contact postal address & postcode			
Qualifications			
Course of study title			
Educational Institution			
Dates of course		Type of study	Full time / part time
Brief description of course			
Brief description of previous experience in this field or identified learning need?			
In accordance with SICS aims, how will the postgraduate study benefit:			

Patients/families/the public?	
The Scottish critical care community?	
The Society itself?	
How will you personally use the knowledge gained?	
Amount requested from SICS	£
Breakdown of costs that bursary will cover	
Other secured sources of funding?	
Preferred type of feedback to the Society (e.g. written report, presentation, new e-learning module etc)	
Agree to sign disclaimer to return bursary money if conditions not met?	YES / NO

REFEREE	
Date of application:	