**Society of Anaesthetists of Wales**

**Cymdeithas Anaesthetyddion Cymru**

**Bursary Application Form**

**Bursary application information**

The Society of Anaesthetists of Wales / Cymdeithas Anaesthetyddion Cymru is an organisation representing all anaesthetists in Wales. The aim of the society is to foster clinical and scientific development of members and to enhance the practice of anaesthesia in Wales.

Awards from SAW are available to assist any anaesthetist working in Wales. The Society will also consider applications from SAS anaesthetists, foundation doctors and medical students. Awards will be granted for projects that advance knowledge and expertise in anaesthesia.

1. **Amount of award**

The maximum amount of award to be made will be at the discretion of the SAW Council and will be dependent on funds available.

1. **Application form**

Electronic applications only will be accepted for the review process. Applications for an award are to be returned to the SAW Secretary:

sawcouncil.secretary@gmail.com

Only one application from an individual will be considered.

1. **Date for submitting applications**

Applications can be made at any time in the academic year (August to July).

1. **Terms and conditions**

Applicants for SAW bursaries are agreeing to the following:

* The Society may request supplemental information at any point during the project.
* You are will be expected to present your project at a SAW meeting within 12 months of project completion.
* Reference must be made to this assistance from the Society of Anaesthetists of Wales in any publication or presentation pertaining to the funded project or activity.
1. **Further Details**

For further information please contact the SAW secretary onsecretary.saw@outlook.com

**Applicant personal information**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Base hospital |  |
| Correspondence address |  |
| Personal email address |  |
| NHS/University email address |  |

|  |  |
| --- | --- |
| **For what purpose or activity are you seeking funding ?**500 words max*(supplemental information including web site links, curriculum vitae and relevant certificates may be provided as separate files if required)* |   |

|  |  |
| --- | --- |
| Type of expense (please provide full details) | £ |
| Staff costs |  |
| Equipment |  |
| Project running expenses |  |
| Other costs : (please specify) |  |
| Travel & accommodation |  |
| Meeting/Conference fees |  |
| *Total expenses £* |  |

By signing below you indicate acceptance of the terms and conditions outlined in section 4:

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