The Liverpool Royal Infirmary Nurses’ Training School

Nurses’ League

Application for Travel Award 2015

# Name

## **Contact address**

# Telephone

**Fax**

# E-mail Address

1. I am currently engaged as a RN in clinical practice at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of Registration** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *NB. To qualify you should be working within the Merseyside and Cheshire Region and must have been registered for at least three years*

1. I am currently undertaking post-graduate /post-registration nursing education at:

University/College *(please give details below)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Area of Clinical Practice /Programme** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please obtain 2 references, one of which must be from an appropriate nursing manager who is able to support your leave to travel. References must be attached to your application. Representatives from education and the sponsoring body will make a decision on the award.*

*The award may be used to support a visit to observe or participate in nursing in any part of the world. However, applicants are responsible for making arrangements for access to their destination site and for securing leave of absence from their employer. 75% of the award will be paid in September/October 2015 with the remaining 25% to be paid on submission of a report to the selection committee for publication in the Nurses League Journal. The visit must be taken and the report presented or submitted by the beginning of May 2016.*

***Return 1 copy of the completed form and references by 12 noon on Monday 30th July 2015 to***:

Mr Alan Kelly, University of Liverpool, School of Health Sciences, Directorate of Nursing, Thompson Yates Building, Brownlow Hill, Liverpool L69 3GB

Or via email to ajkelly@liv.ac.uk

**Interviews will be held mid September 2015 at the University of Liverpool.**

**5. PROPOSED DESTINATION:** (Full Address)

**6. TIMING AND DURATION OF VISIT:**

**6. APPROXIMATE COSTS OF VISIT: £**

**7. ARE YOU SEEKING / HAVE RECEIVED FUNDING FROM ANY OTHER SOURCE? Yes / No** (Please circle)

If Yes, please specify: Amount:

 Funding Body:

**9. WHAT ARE YOUR KEY OBJECTIVES OF THIS VISIT?**

**9. WILL YOUR EMPLOYER ALLOW YOU LEAVE OF ABSENCE TO UNDERTAKE THIS VISIT?**

**8. HAVE YOU ALREADY NEGOTIATED ACCESS TO YOUR PROPOSED DESTINATION? Yes / No** (Please circle)

If Yes, please give name and address of key contact:

**10. PLEASE STATE BRIEFLY, (max. 1000 words)**

* **Your reasons for making this application**
* **Reasons for choosing your destination**
* **Anticipated benefits to your knowledge and understanding of nursing**
* **Anticipated benefits to patient care**

**11. I confirm that if offered this travel award I will provide a written report evaluating the visit to the Nurses’ League (via the School of Health Sciences) which will be published in the Nurses’ League Journal.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**