



NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY

Established 1828 Registered Charity No: 506860

Postgraduate Education Centre, Nottingham University Hospitals NHS Trust,
City Hospital Campus, Hucknall Road, Nottingham, NG5 1PB
PGECC Switchboard: 0115 962 7758 Fax: 0115 962 7937
email: ann.booth@nuh.nhs.uk www.medchi.org.uk

TRAVELLING FELLOWSHIPS

Notes for Guidance

1. The Council and Trustees have power to finance Travelling Fellowships for which funds are not easily available from other sources.
2. These Fellowships are available on application to the Society for any member of the medical profession working within seventy-five miles of the centre of Nottingham.
3. A maximum grant of £1,000 can be given to any one person.
4. Preference is given to those offering a service to underdeveloped countries or areas. Such a service might include teaching or the demonstration of a special technique.
5. Projects planning to bring back new techniques to Nottingham, to foster conjoint research programmes or to establish educational links, would also be received favourably.
6. Grants might be made to support educational exchanges.
7. It is not intended that grants should be made to finance visits to conferences abroad, even if papers are being presented.
8. Submissions are discussed at the December Council Meeting, which is usually in the first week of December. We request that submissions are made at least 3 weeks prior to this. Successful applicants will be expected to submit a typewritten report to the Society and also a short verbal report to the AGM of the Society, which is usually held in June.

Write for an application form/send your completed forms to:

**The Honorary Secretary,
Nottingham Medico-Chirurgical Society,
Postgraduate Education Centre,
NUH,
City Hospital Campus,
Nottingham
NG5 1PB**



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APPLICATION FOR TRAVELLING FELLOWSHIP AWARD

SURNAME:

FORENAME(S):

TITLE:

POST HELD:

FULL POSTAL ADDRESS:

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TELEPHONE NUMBER:

E-MAIL ADDRESS:

UNIVERSITY DEGREES:

DATE AND UNIVERSITY:

REASON FOR TRAVEL:

EXPECTED DATE(S) OF TRAVEL:

AIM OF PROJECT: *Please summarise in no more than 250 words, the principal aims of the project.*

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Will this project have application in Nottingham? Yes/No
If Yes, please provide further details

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Will this project take relevant clinical skills to the location you are visiting? Yes/No
If Yes, please provide further details

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OTHER SUPPORT

Have you applied for funding to any other organisation? Y / N

Have you had any funding already approved? Y / N If yes, how much £ _____

Will you be receiving a salary from your base in the UK while you are away? Y / N

Will you be receiving expenses from your present employer? Y / N

Will you be receiving expenses from the centre you are visiting? Y / N

What do you anticipate will be the costs of the trip/project?

Travel	£
Subsistence	£
Other	£
TOTAL	£ <u> </u>

How much do you wish to claim from the Nottingham Medico-Chirurgical Society? £ _____

Signature of Applicant **Date**

Supported by:
(Name of Head of Department):

Signature of Head of Department: **Date:**