

THE ORTHOTIC EDUCATION AND TRAINING TRUST

Registered Charity No. 294114

c/o British Association of Prosthetists & Orthotists
Sir James Clark Building, Abbey Mill Business Centre
Paisley, Renfrewshire, PA1 1TJ
Telephone: 0141 561 7217
Fax: 0141 561 7218

Funding Application Form

(NB applications for reimbursement of short course costs must be made on the separate short course grant application form)

Name:

Address:

.....

..... Post Code:

Telephone: Email:

1. Discipline (please circle):

Orthotist

Orthotist/Prosthetist

Orthotic Technician

Limited Orthotic Practitioner

Other (please specify, eg student):

State registration number (where applicable):

2. Funding requested for the following (please tick one):

Postgraduate training/study

Travel fellowship

Research training fellowship

Conference/seminar attendance

Continuing Professional Development visit

Technician transfer scheme

Mature student support

Other (please specify)

.....

3. Date(s) when this activity will take place/commence:

4. Please provide the following information:

a) For courses/conferences/seminars

Title:

Organiser:

b) For research study

Title:

Supervisor:

Organisation:

c) For travel fellowship/continuing professional development visit

Purpose of travel/visit (please continue on a separate sheet if necessary):

Centre(s) to be visited

.....

5. If this application does not relate to a course, event or activity that is orthotic in nature, please explain how you feel it meets the Trust's object/remit (see guidance herewith and please continue on a separate sheet if necessary):

6. What benefit/knowledge do you hope to gain? (Please continue on a separate sheet if necessary):

7. Is any funding available to you through another source? YES / NO

If yes, please state how much is available/has been applied for £.....

8. Breakdown of anticipated costs:

..... Fees (net amount -NB all claims for VAT registered persons or companies to be exclusive of VAT)

..... Travel (the lowest cost option of 2nd class rail fare, economy air fare, or equivalent, mileage @ £0.40 per mile)

..... Accommodation (up to a maximum of £60 per night or £80 per night in a capital city)

..... Other (please specify)

.....
.....

£..... Total Sum requested (NB all claims for VAT registered persons or companies to be exclusive of VAT)

9. Payment details:

Who cheques should be made payable to:

Address cheques to be sent to:

.....

..... Post Code:

Daytime telephone number:

10. Signed: Date:

XX

Section for office use only:

Received Acknowledged
Missing info Requested
Info received

Date on which considered by Trustees / on which Trustees responses all received

Approved / rejected Amount £.....

Signed Date

Applicant informed