

IMPORTANT INFORMATION – READ THIS BEFORE FILLING IN THE FORM

The Trustees make funds available to support the formal training and education of orthotists, orthotic technicians, orthotic assistants and orthotic managers. The training and education may be on orthotic or generic topics. A broad range of training and educational activities will be considered.

Please note, recipients are required to produce a short written report of their educational experience which may be used for publication on the OETT website and/or submission for publication in the BAPOConnect.

Please note that the Trust will **not** fund:

- VAT – where the person or company applying for assistance is VAT registered.
- Telephone bills, bar accounts, newspapers or other additional items
- Attendance at the BAPO and ISPO UK NMS conferences.

The Trustees decision is final. Completion of this form in no way binds the Trustees to pay the full, or part, of any amounts claimed.

How to Apply (Please ensure every step is completed, incomplete application forms will be returned)

1. Complete the application form with as much detail as possible.
2. Provide all receipts, if available, and attach to the form.
3. Attach a completed CPD Portfolio form, or equivalent, describing the benefits derived from the course, or criticisms, and any other relevant reflections.
4. **If applying for funding approval prior to event date you will be required to submit all receipts, with a covering letter stating application reference number to the BAPO Secretariat, following course/event completion.**
5. Send the application and attachments to BAPO at the following address. Please do not send applications directly to the Trust.

**BAPO Secretariat, Unit 3010, Mile End Mill, Abbey Mill Business Centre,
12 Seedhill Road, Paisley, Renfrewshire PA1 1JS
Tel: 0141 561 7217**

NOTE: If a company or organisation is applying on behalf of several of its employees for the same event, then only one application form is required, but information regarding “Attendee details” and “Breakdown of anticipated Expenses” are required *per person*. Please supply suitably detailed information as an attachment. A CPD Portfolio form is required from each attendee.

For Office Use Only:

Ref:

Funding Application Form

Attendee Details	Title	First Name	Surname
Address Line 1		Day time telephone	
Address Line 2			
Address Line 3		Mobile Number	
Town/City		Email address	
County		HCPC Registration number (where applicable)	
Postcode		BAPO No (where applicable)	
Funding requested for the following (circle as appropriate)		Date(s) when this activity will take place/commence	
Short Course			
Postgraduate training/study			
Travel fellowship		Date(s) when this activity will finish	
Research training fellowship			
Conference/seminar attendance			
Continuing Professional Development visit			
Technician transfer scheme			
Mature student support			
Other (please specify)			
Discipline (please tick)	Orthotist <input type="checkbox"/> Prosthetist/Orthotist <input type="checkbox"/> Orthotic Technician <input type="checkbox"/> Orthotic Assistant <input type="checkbox"/> Orthotic Manager <input type="checkbox"/> Other (please state)		

Please provide the following information

For Courses/Conferences/Seminars	Title	
	Organiser	
	Venue	
For Research Study	Supervisor	
	Organisation	
For travel fellowship/CPD Visit	Centre(s) to be visited	

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

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):

What benefit/knowledge do you hope to gain? (please continue on a separate sheet if necessary)

Is any funding available to you through another source? Yes No

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

Expenditure claim (if pre event please breakdown 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 Costs (please specify)	£
Total Sum requested (NB all claims for VAT registered persons or companies to be exclusive of VAT)	£

Payment Details: Who cheques should be made payable to

Address cheques to be sent to (if different from page 1)

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Town/City _____

County _____

Postcode _____

Please note successful funding recipients will be requested to write an article for the OETT website and/or BAPOMag. Please complete course overview form. (download from www.oett.org.uk or www.bapo.com)

Signed _____ Date _____