**Resident Doctor Bursary Application**

**HoS/TPD Supporting Statement**

**This form must be completed by the Head of School or Training Programme Director responsible for the resident doctor at the time of the course commencement (September 2025)**

**Resident Doctor Details**

|  |  |
| --- | --- |
| **First Name:** *Click here to enter text.* | **Surname:** *Click here to enter text.* |
| **Email Address:** *Click here to enter text.* | **Trust/Practice:** *Click here to enter text.* |
| **Specialty:** *Click here to enter text.* | **Training Programme**:*Click here to enter text.*  \**GP Only* |
| **Training Grade:** *Click here to enter text.* | **Latest ARCP Outcome:** Choose an item |

**Heads of School/ Training Programme Director Supporting Statement**

**Please tick all boxes you agree with:**

***Please note that all boxes must be ticked for full support***

This resident doctor has made a substantial contribution to training within the confides of the training programme

This resident doctor will cope with the additional demands of a PGCert/PGDip

This resident doctor has plans to contribute to teaching in the EoE region in the future

**Additional comments to support application:**

*This section must be completed if resident doctor has received anything other than an outcome 1 at most recent ARCP*

Click here to enter text.

**HoS/TPD Name:** Click here to enter text.

**HoS/TPD Signature:** Click here to sign.

**Date:** Click to enter a date.

HoS/TPD to return form directly to [england.mededbursaries.eoe@nhs.net](mailto:england.mededbursaries.eoe@nhs.net). Forms must be returned directly by HoS/TPD.