|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Details | | | | | | |
| First Name | |  | | | | |
| Last Name | |  | | | | |
| Mobile phone | |  | | Work Phone | |  |
| Email | |  | | | | |
| Area of work | | | | | | |
| Hospital | |  | | | | |
| Area of work within haematology | |  | | | | |
| Professional Registration Number | | NMC/NMBI PIN/Other – (please specify) | |  | | Grade |
| HAI Membership | | Yes/No | | Membership is mandatory. Annual membership is €50. | | |
| Proposed Academic study | | | | | | | |
| Course Title |  | | | | | | |
| Academic institution |  | | | | | | |
| Proposed start date/course duration |  | | Fees per annum | |  | | |
| Have you received any other funding for your course? ( please give detail of same) |  | | | | | | |

|  |  |
| --- | --- |
| Professional benefit | |
| How will this benefit your career aspirations within haematology? |  |
| How will this benefit your area of practice? |  |
| How will your learning be shared? |  |
| Supporting information – no more than 300 words | |
|  | |
| Applicants signature | |
| Signed |  |
| Date |  |
| Approved/Declined |  |
| Signed/Date |  |

***If funding is granted, you will be required to present your learning to the HAI Nursing/AHPs’ Group at either the AGM or the Spring Study Day.***