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**TRAVELLING FELLOWSHIP**

**Purpose**

*To facilitate a period of additional training at a setting (other than your own), excluding conferences, either in the UK or Europe in order to advance knowledge and best practice in the treatment of spondyloarthritis.*

**CRITERIA: (*Please note – it is the applicant’s responsibility to ensure these criteria are met.)***

1.       All participants must be BRITSpA members.  
2.       One application per member/team.

3. A maximum of £2000 per application may be requested.

**Checklist of items to be included with application:**

☐ Letter of status/support from Head of Department

☐ Agenda of learning activities, and outline of potential benefit and impact on your practice(s).

☐ Letter of support from host, to include confirmation of agenda of learning activities

☐ CV of applicant, or lead applicant if heading a team

☐ Publications list (please state if you have not been published)

**Successful applicants:**

**Applications will be reviewed and approved or declined by the BRITSpA Executive committee.**

**NB Payments will be made retrospectively.**

We will require you to:

1. Send all receipts to our administrator at **secretary@britspa.co.uk**, together with your bank details, as soon as possible after you have returned from your trip.
2. Acknowledge receipt of the payment, and sign and return the Grant Agreement we send you.
3. Write a 250-500 word **summary** of the educational benefit of your visit, to be posted on our website.

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Surname |  | | |
| First name(s) |  | | |
| Role (e.g. Consultant, SpR, physiotherapist, nurse) |  | | |
| Work address |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Home address |  | | |
| Host address and contact name (please provide full details) |  | | |
| Details of travel, including dates and duration |  | | |
| Funding required  **If your application is successful we will require copies of all of your receipts, on your return.** | ☐ Travel (type of travel, e.g.  flights/train/car, and details of cost) | |  |
| ☐ Accommodation (type of accommodation,  e.g. hotel/college/room rental, and  nightly/monthly rate | |  |
| ☐ Subsistence (allowance for food) | |  |
| Total cost for the trip: | |  |
| **Funding amount requested in this application: (maximum amount is £2,000)** | | | **£** |
| Description of proposed visit (maximum 200 words)  Summarise aims and expected outcomes | |  | |
| **Signature:** | | **Date:** | |

**Application submission details: Email: secretary@britspa.co.uk**

BRITSpA Travelling Fellowship is solely sponsored by a grant from Novartis.