**Confirmation of Acceptance – 2025/26**

**Before completing this form, please ensure that you have secured a place on the chosen course of study.**

|  |  |
| --- | --- |
| I accept the terms of the Bursary Offer and confirm that I have explored all other potential funding sources and they are either unavailable to me or do not cover the full cost of course fees. I also agree to the NHSGGC’s Bursary Staff sharing my information with other relevant organisations involved in the qualification applied for. This will include Universities, Colleges and other Learning Providers.  **I agree**  **I do not agree** | |
| Name: | Signature: |
| Post Title: | Base: |
| Payroll Number (must be provided): | Date: |
| Have you secured funding from additional sources towards the course fees for **this year/the fees claimed in this application**? Yes  No | |
| If YES, please indicate how much £ | And source of funding: |
| Education Provider’s **FINANCIAL** contact and **email** address (please verify the correct address with the provider as this is where the letter advising of your bursary award will be sent): | |
| Student ID (Matriculation Number): | |
| **Please choose ONE of the options below you must include all relevant documentation:** | |
| 1. **If you have NOT paid any course fees,** please tick  You **MUST** enclose:   * Confirmation from the education provider of the total amount of cost this year, as indicated in your application. (*This must be either an email from the provider, details from the course syllabus, or a screenshot from the provider’s website.) If more than one cost is shown, you must highlight the cost that applies to you.*   On providing this evidence, we will send a letter to the education provider confirming the amount that the Bursary Scheme should be invoiced for. | |
| 2. **If you yourself have paid PART of the course fees,** please tick  (this does not apply to payments made by your department or an external organisation)  You **MUST** enclose:   * Confirmation from the education provider of the total amount of cost this year, as indicated in your application. (*This must be in the form of either an email from the provider, details from the course syllabus, or a screenshot from the provider’s website.) If more than one cost is shown, you must highlight the cost that applies to you.* * Evidence of payment to the provider (invoice and relevant bank/visa statement/receipt (please black out any private details)) * Your current mailing address   On providing this evidence, we will send a letter to the education provider confirming the amount the Bursary Scheme should be invoiced for. If any monies are owed to you, a cheque will be sent to your address. | |
| 3. **If** **you yourself have paid the FULL amount,** please tick  You **MUST** enclose all relevant documentation as stated below:   * Confirmation from the education provider of the total amount of cost this year, as indicated in your application. (*This must be in the form of either an email from the provider, details from the course syllabus, or a screenshot from the provider’s website.) If more than one cost is shown, you must highlight the cost that applies to you.* * Evidence of payment to the provider (invoice and relevant bank/visa statement/receipt (please black out any private details)) * Your current mailing address   On providing this evidence a cheque will be sent to your address. | |
| 4. **If this is a Budget Transfer** (your Service has contributed to your award) please tick  You must enclose all the relevant information as stated below   * Confirmation from the education provider of the total amount of cost this year, as indicated in your application. (This must be in the form of either an email from the provider, details from the course syllabus, or a screenshot from the provider’s website.) If more than one cost is shown, you must highlight the cost that applies to you. * A valid NHSGGC email address for either your Manager or the member of staff responsible for finance in your service. * The Cost Code/Budget Code of the Service that has agreed to contribute to your course * Evidence of payment. This can be a Purchase Order Number (PO Number) from your service showing the payment or receipt from your provider showing payment has been made from your service   On providing this information, we will email your Service using the email you have provided confirming the amount of the budget transfer. | |
| **Please note that providing incomplete or incorrect information may result in financial support being withdrawn or refused in the future.**  Please return to: [Staff.Bursary@ggc.scot.nhs.uk](mailto:Staff.Bursary@ggc.scot.nhs.uk) or post to Staff Bursary Administrator, Learning & Education Department, 1st Floor, Administration Building, Gartnavel General Hospital, Great Western Road, GLASGOW, G12 0XH | |
| This form must be completed and sent back as soon as you have enrolled on your course. In all cases, this form must be returned **No later than 4 weeks after the Course has started.** Failing to return this form by this date will result in no payment of your Staff Bursary | |
| The NHSGGC Staff Bursary Team would like to thank the **Endowments Management Team** for their ongoing **financial** and **administration support**. Without this, the NHSGGC Staff Bursary would not be possible. | |