

**APPLICATION FOR A SCAR FREE FOUNDATION**

**ELECTIVE AWARD**

Please use the font size 12pt throughout. Please email one copy to [charlotte@scarfree.org.uk](mailto:charlotte@scarfree.org.uk) by the closing date 5pm on the **28 February 2022**

**Due to the volume of applications we receive, applications which do not strictly follow the instructions in this form will be rejected.**

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| 1. **Personal Details** |  |
| **Title:** |  |
| **Surname:** |  |
| **Forenames:** |  |
| **Address:** | **Post Code:** |
| **Email Address:** |  |
| **Phone Number:** |  |

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| --- | --- |
| **Academic Institution:** |  |
| **Year:** |  |

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| Medical | Psychology | Paramedic | Nursing |
| Speech |  |  |  |

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| **Area of Study** | **Elective Supported by: (See Annex A for Eligibility Criteria)** |
| **Plastic and reconstructive surgery** | The British Association of Plastic and Reconstructive Surgeons (BAPRAS) |
| **Hand surgery** | The British Society of Surgery of the Hand (BSSH) |
| **Burn medicine and care** | The British Burn Association (BBA) |
| **Craniofacial medicine, care and treatment** | The Craniofacial Society of Britain and Ireland (CFSGB&I) |

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| **Educational Qualifications (To include AS, A Levels and Higher Degrees)** | | |
| Subject | Grade | Year |
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| **Honours, prizes or distinctions during the course of your undergraduate training** | | |
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| 1. **Elective Details** |  |
| **Title of Project:** |  |
| **Details of institution and address:** |  |
| **Proposed dates of Elective:** |  |

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| 1. **Purpose of your Elective** | |
| **What are the objectives of your Elective?**  **To include:**   * **Personal learning objectives** * **Proposed research aims and objectives** * **Research question** | |
| **Max 500 words**  **Note: In your final report for the Elective (if successful) you will be asked to address these objectives in turn, it is therefore important they are achievable and have been developed in conjunction with your supervisor.** | |
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| **Please tell us how you plan to meet these objectives**  **Max 800 words**  **Note: To include plan of investigation and how learning objectives will be achieved.** | |
| **References:** | |

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| **Does your Elective involve the use of interviews or questionnaires?** | | |
| **Yes** | **No** | **Not Applicable** |
| **If you have ticked yes and your questionnaire/survey is to be administered on patients it is essential that it is approved by either an in-country or host institution ethics committee. Please use the box below to give details of approval sought.** | | |
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| **Please give details of the relevance of your project to The Scar Free Foundation’s Scar Free Strategy**  **Note: You can download a copy of the Scar Free Strategy** [**here**](https://scarfree.org.uk/research/strategy) |
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| 1. **Supervision** | | |
| **Please give details of the person who will supervise this project.** | | |
| **Supervisor** |  |  |

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| 1. **Financial Information (upper limit £1,200)**   **Please give brief details of your expected costs** | **AMOUNT £** |
|  |  |
|  | **TOTAL** |

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| 1. **Declarations** |
| **Supervisor Declaration** |
| I am prepared to act as Supervisor to the above student. I am satisfied with the proposed learning objectives and plan of investigation and, if successful, I undertake to provide the following support to the student:   * Review and aid the development of the Student’s research protocol to ensure that methodological issues are dealt with prior to the Student beginning their project. * Act as a ‘sounding board’ for any issues which emerge during the project, at the analysis or write-up stage. * Set a deadline for receipt of a draft final report which I will review and provide constructive criticism to the Student within a timeframe that enables them to make any necessary changes. * Sign off the student’s report and provide a short report to the Scar Free Foundation on their progress. |
| **Signed:**  **Date:** |
| **Primary Institution Declaration** |
| **Signed:**  **Date:** |
| **Student Declaration** |
| I wish to apply for a Scar Free Foundation Student Elective for the year 2022 on the basis of the information given in this application. If successful, I undertake as a condition to abide by the following conditions:   * I will undertake my elective between \_\_\_\_\_\_ and \_\_\_\_\_\_\_ * I will submit a final report within 12 weeks of the Elective. * I have read the application guidance materials. * I understand that if I do not fulfil the above requirements that I may be liable to return Elective funding to the Scar Free Foundation. |
| **Signed:**  **Date:** |

**Annex A: Eligibility Criteria**

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| **Award** | **Number** | **Eligibility** |
| **Scar Free Foundation/ BAPRAS**  To support projects focused on plastic and reconstructive surgery | One Award | Medical Students only. |
| **Scar Free Foundation/BSSH**  To support projects focused on hand surgery | One Award | Medical Students only |
| **Scar Free Foundation/BBA**  To support projects focused on burn medicine and care | One Award | Medical, paramedic, nursing, psychology students. |
| **Scar Free Foundation/CFSGB&I**  To support projects focused on craniofacial medicine, care and treatment | One Award | Medical, dental, nursing, psychology, speech & language therapy students may apply. |