**Walker Trust Fellowship**

This award enables an individual or group of individuals to advance in the area of rheumatic diseases by supporting a research fellowship, travel fellowship, or any other activity deemed appropriate by the scholarship committee. Those working in the area of rheumatic diseases may apply.

More information is available at [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)

*Please ensure that you do not exceed the word count limit or your application will not be considered.*

|  |
| --- |
| **SECTION 1 | PERSONAL AND AWARD DETAILS** |
| **Title** |  | **PID**  |  |
| **Surname** |  | **Forename(s)** |  |
| **Address** |  |  |  |
| **Country** |  | **Post Code** |  |
| **Telephone** |  | **Mobile** |  |
| **Email address** |  |  |  |
| **Medical or Nursing qualifications (please list)** |  | **Date awarded** |  |
| **Where did you hear about this award?** |  |  |  |

|  |
| --- |
| **SECTION 2 | PROJECT/VISIT DETAILS** |
| **Name of Institution where work will be undertaken** |  |
| **Location** |  |
| **Name & contact at recipient organisation** |  |
| **Project Title** |  |
| **Summary of area of Rheumatology to be studied with outline proposal** **(maximum 250 words)** |  |

|  |
| --- |
| **SECTION 3 | EXPENDITURE** |
| **Have you applied to any other body or organisation for financial support*?*** | [ ]  Yes [ ]  No |
| **If you answered Yes, please note here which other bodies or organisations have been asked for financial support** |  |
| **Have you received funding from the Royal College of Physicians and Surgeons of Glasgow in the past?**  | [ ] Yes [ ]  No  |
| **If you answered Yes, please state the name and date of the scholarship awarded** | **Applicants who have applied for support from other organisations will not be disqualified from consideration for a Walker Trust Fellowship.** |

|  |
| --- |
| **SECTION 4| REFEREE DETAILS** |
| **Name****Job Title****Place of work****Telephone****Email** |  |
| **Name****Job Title****Place of work****Telephone****Email** |  |
| **Name****Job Title****Place of work****Telephone****Email** |  |

|  |
| --- |
| **SECTION 5| PUBLICATION** |
| **The successful candidate must produce a report for approval by the Scholarship Committee. This report may be published in College News and/or any other College publications. The College reserves the right to leverage maximum publicity/press coverage from any activity funded by this award.**  | [ ]  I give permission for my report to be published in College News and to be used by the College to secure publicity for the Award.*If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.* |

|  |
| --- |
| **SECTION 6 | DECLARATION** |
| **I, the applicant named above, confirm that the details provided in this form are correct.** | Signature Date |

|  |  |
| --- | --- |
| **Please attach the following with this application:** | [ ]  Brief Curriculum Vitae  |

**Please return the completed application form with enclosures to:**

Scholarship Committee Administrator

Royal College of Physicians and Surgeons of Glasgow

Email: scholarships@rcpsg.ac.uk

All Information we hold concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679). Such data will be used by the College to administer its relationship with you as a Fellow or Member. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, or (2) we are required to do so by operation of law. As an individual you have a right under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please contact Membership Services Administrator at the College.