

The Faculty of Pre-Hospital Care International Elective Bursary 2026: Application Form

The Faculty of Pre-Hospital Care is pleased to offer a £250 bursary for one UK Medical Student undertaking a pre-hospital themed elective internationally.

The successful student will be chosen by a small panel of previous FPHC Student and Trainee Group (STG) Elective Programme students, the Chairperson of the Faculty STG and an Office Bearer of the Faculty.

The recipient of the bursary will be required to submit a short report upon completion of their elective placement which will be published on our website and social media platforms.

**How to apply**:

Please complete the following application form answering each question with a maximum of 200 words. Any applications exceeding the maximum word count of 200 in any section will immediately be disregarded. The word count applies to the body of each section including any headings.

Application form submission – **by Monday 13th October at 17:00**

Applicants informed if they have successfully secured the bursary – **by 24th November**

Once you have completed the below form, please submit - along with evidence of your student status and eligibility to carry out an international elective - via email to FPHC@rcsed.ac.uk by the closing date of **Monday 13th October at 17:00**.

|  |  |
| --- | --- |
| **Full Name** |  |
| **University** |  |
| **University Email Address** |  |
| **Alternate Email Address**  |  |
| **Mobile Number** |  |

|  |  |
| --- | --- |
| **What are your aims and proposed activities on elective?**  | **Max 200 words** |
|  |

|  |  |
| --- | --- |
| **What are your reasons for undertaking your elective in this medical field and country?**  | **Max 200 words** |
|  |

|  |  |
| --- | --- |
| **How will you ensure you will expand your skillset and knowledge whilst on elective?** | **Max 200 words** |
|   |

|  |  |
| --- | --- |
| **What challenges would you anticipate in the provision of PHEM services in your chose location?** | **Max 200 words** |
|   |

|  |  |
| --- | --- |
| **Evidence of student status and eligibility attached?** | Yes / No |

|  |  |
| --- | --- |
| **Signed** |  |
| **Dated** |  |