**2023 HFMA Annual Conference – Bursary application**

**Regional Application Form (Bands 2-8a)**

**Questions to be answered in the online application form.**

This document is to be used as an aid to complete the online application form (as it cannot be saved in draft format).

**Please note**: It will not be accepted in place of the online form.

[**HFMA Annual conference 2023 - Application form**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2Fe%2FzpD3sn6zL0&data=05%7C01%7Cmaeve.stevenson2%40nhs.net%7C2cbe897cacff498e728e08dbbe6ce83d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638313147182171678%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LKSdj4p4sl1Kn8V6fLBb9iGOi97jykZUwof70GRfCLo%3D&reserved=0)

**\*** Required

1. **Please enter your full name. \***
2. **Please enter your email address. \***
3. **Which organisation do you work for?** **\*** (Please enter the full name of the organisation.)
4. **Are you nominating yourself or someone else? \***

Nominating myself (form will take you to Q7)

Nominating someone else (form will take you to Q5)

1. **Please provide the name of the person you are nominating. \***
2. **Please provide the email address of the person you are nominating. \***
3. **Please confirm you (or the nominee) has line manager approval to attend the conference. \***

I can confirm Line Manager approval has been provided.

Line Manager approval has not been provided.

Not sure

1. **Have you (or the nominee) attended an HFMA Conference before? \***

Yes

No

Not sure

1. **At what grade are you (or the nominee) currently working at?** **\*** i.e. AfC Band 2-8a

2

3

4

5

6

7

8a

1. **Do you (or the nominee) identify with any of the following characteristics? \***

Disability / Neurodiversity / Impairment / Long-term Condition

Minority Ethnic Group

Female

LGBTQIA+

Other

No

Prefer not to say.

1. **Will you (or the nominee) require any reasonable adjustments to in order to attend the conference in London?**
2. **Please tell us why you are applying / nominating this individual. Include as much relevant supporting information as possible. \***
3. **Please tell us how you think a successful application would benefit / impact you / the nominee. \*** (No more than 250 words)
4. **Is there any specific support you (or the nominee) are hoping to receive ahead of attending the event?**
5. **Are you (or the nominee) a member of the HFMA? \***

Yes

No

Not sure

1. **Are you (or the nominee) a One NHS Finance Value Maker? \***

Yes

No

Not sure

1. **Is there anything else you wish to tell us in support of your / this application?**