



HBA Conference Bursary Application Form

Completed form & supplementary documents to be emailed to grants@hbauk.com.

This application form must be completed by a voluntary member of a hospital broadcasting organisation which is a full member of the HBA and must be endorsed by the governing body of the hospital broadcasting organisation.

Applicant Details

Name

Address

E-Mail Address

Telephone Number

Have you attended the conference previously? Yes No If Yes, when was the last year you attended?

How long has it been since anyone from your station attended conference?

What is your current role?

What previous roles have you had?

How did you hear about conference?

Please indicate the level of funding you are applying for (you may tick more than one).

Full Weekend Residential + Travel Bursary (estimated cost):

50% Full Weekend Residential + Travel Bursary (estimated cost):

Travel Expenses Only (estimated cost):



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Application Summary - Personal

What benefit have you provided to your hospital radio station and its listeners?

What do you hope to benefit from personally by attending conference?



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Application Summary – Wider Impact

**What do you hope the
impact from attending
will be on your hospital
radio station?**



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Application Declaration - Applicant

Successful applicants will be expected to attend for the full weekend, ie arriving by Friday evening and leaving Sunday afternoon.

Successful applicants will be expected to fully participate in event activities.

I undertake to provide a report on the conference, including ideas from the weekend that the Hospital Broadcasting Organisation of which I am a member should consider implementing.

I have read and accept the HBA Conference terms and conditions.

I understand my report may be used in promotional and/or marketing material for future HBA Events and Conferences and for promoting the bursary scheme. You may request that your published report be anonymised by clicking the box below.

I wish my report to be anonymised:

Signed

Date

Any Other Information

Please include below any other information you feel relevant to your application. Note that this information may only be considered at the discretion of the HBA Grants & Bursaries Committee.

IMPORTANT

PLEASE COMPLETE ALL SECTIONS ABOVE BEFORE ENSURING YOUR APPLICATION IS ENDORSED IN THE NEXT SECTION.



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Application Endorsement – Hospital Broadcasting Organisation

TO BE COMPLETED BY A MEMBER OF THE GOVERNING BODY OF AN HBA FULL MEMBER STATION WHICH THE APPLICANT IS A VOLUNTARY MEMBER.

Name

Position

Hospital Broadcasting
Organisation

HBA Membership No.

I confirm the applicant named above is a voluntary member of this organisation.

I fully endorse their application for the bursary.

Signed

Date