



**Continuous Professional Development Fund**

**Application Form**

PLEASE USE CAPITALS ON THIS FORM

Title: .....

First Name: ..... Surname: .....

SPMN Membership No: .....

Address for correspondence: .....

.....

.....Postcode: .....

Tel No: .....

Email: .....

Profession: .....

Place of work: .....

.....

.....Postcode: .....

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What are you requesting funding for: .....

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.....

Reasons for applying to SPMN .....

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How much funding is required: .....

.....

Are you also applying to other sources for funding: Yes / No

How will the funds be used and what is your expected outcome: .....

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How will this impact on your clinical work: .....

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What would be your expected timescale for feedback to SPMN with your written report: .....

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In addition to this, we may request that you present your work at a future SPMN event.

Signature: ..... Date: .....

Application forms should be sent, for consideration at next committee meeting, to

Dr P Harper  
272 Milton Road East  
Edinburgh  
EH15 2PQ