

RCN Foundation RAE BEQUEST Training Fund

The RCN Foundation Rae Bequest Training Fund offers grants of up to £1,600 to registered nurses currently working in Northern Ireland who wish to undertake a course or programme that will benefit the education of nurses, and enhance nursing practice and service delivery.

Prior to completion, please refer to the [Rae Bequest Training Fund Application Guidance and Information to Applicants documents](#).

Please fully complete all relevant sections. We are unable to process your application if details are missing.

Eligibility

Are you a nurse currently registered in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently working in Northern Ireland?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 1: Personal Details and Application Agreement

Title			
First name		Surname	
Home address			
Telephone			
Email address			
NMC Pin Number (if applicable)			
Are you a member of the RCN? (Please note that you do not have to be a member to apply for a grant)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a tax resident of any country outside of the UK?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

By submitting this application, I agree that if successful, I will provide a written report and give a presentation to the RCN Northern Ireland Board on completion of the funded activity. I agree to refund grant monies if unable to complete the agreed funded activity.

Signature	<input type="text"/>	Date	<input type="text"/>
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If you are successful the RCN Foundation may wish to publicise your success and/or your work to the media. Are you happy for the RCN Foundation to do so and for your name and place of work to be used for this purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 2: Details of educational activity for which funding is sought

Title of the proposed activity for which you are seeking funding (25 words max)	
Brief summary of the proposed learning and professional outcomes (100 words max)	
Start date (month and year) Funded activity must commence between 1 Sept 2025 and 1 Sept 2026	End date
If you are seeking funding for a course, please state the name and address of the course provider	
Have you been awarded a place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this course/programme/module a component of a longer course or programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state:	
(a) the name of the longer course or programme	
b) where this component is in the timetable (e.g. 1st year of 3) or where the component is within the overall activity	
(c) how the rest has been/will be funded.	

Section 3: Details of costs of proposed activity

Have you sought funding from your employer? If YES, please give details. If NO, please give the reason here.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you seeking funding from any other source?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a detailed budget breakdown (see Application Guidance document for examples). Be as accurate and detailed as possible. Include clarification of costing in 'notes' section. If successful, you will need to provide evidence of costs in order to be reimbursed.

Item	Start date	A Amount you are asking us to fund	B Amount you will fund from elsewhere (please state sources)	C Personal contribution
Subtotal				
TOTAL COST OF ACTIVITY (add columns A + B + C)				
Notes:				

If you are seeking reimbursement for staff replacement costs, have you completed section 7c of this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 4: Employment Details

Job title (current employment)			
Start date (month and year)		Band/Grade	
Name and address of employer			
Brief description of present role			

Previous posts (Please list, starting with the most recent.)			
Employer name and address	Job title:	Band/Grade	Dates

Section 5: Courses and Qualifications

Please list all courses taken starting with the most recent				
Title of course	From month/year	To month/year	Name and address of institution	Result

Please list courses not yet completed			
Title of course	From month/year	To month/year	Name and address of institution

Section 6: Statement by applicant in support of request for funds

Referring to the Rae Bequest Training Fund Application Guidance document for further advice, please provide responses to the five questions below.

(Maximum of 1,500 words in total for this section please)

1. How will your activity benefit nurse education?

2. How will the activity improve the health and well-being of patients and/or carers?

3. How will the activity benefit service delivery?

4. What are your professional goals and how will the activity contribute to your career development?

5. What challenges do you foresee in completing this activity and how do you plan to address them?

Section 7: Supporting References

7a. Reference from your manager (Please ask your manager to complete and sign this section.)

Please comment on how the proposed course or programme would fit in with the applicant's role and professional development and how this activity and its implementation will be supported, e.g. with mentoring or opportunities to influence practice. As all applications are anonymised please do not refer to the applicant by name.

Please comment on how the course or programme will benefit nurse education/learning and development

Manager's name:	
Job title:	
Email address:	
Telephone number:	

Signature: (Please note an electronic signature will be sufficient)

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Date:

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7b. For study at Postgraduate level and above, please attach a formal academic reference and complete the section below.

Academic referee's name	
Position	
Relationship to applicant	
Address	
Email address	
Telephone number	

7c. Staff replacement – manager sign off (Please ask your manager to complete and sign this section only if you are applying for reimbursement of staff replacement costs).

Please comment on the staff replacement arrangements that will be in place whilst the applicant undertakes study such as paying for replacement staff whilst they are on paid study leave.

Manager's name	
Job title	
Address	
Email address	
Telephone number	

Signature (Please note an electronic signature will be sufficient)

Date

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Please send the completed application form to: grants@rcnfoundation.org.uk

Section 8: Equal Opportunities

The RCN Foundation is committed to equality of opportunity for all applicants regardless of gender, marital status, disability, age, religious affiliation, political opinion, ethnic origin, dependants, or sexual orientation. The RCN Foundation awards funding solely on the basis of merit in accordance with the judging panel's decision. The Foundation is monitoring its activities to ensure that its equal opportunities policy is effectively implemented and to assess the extent of diversity in the distribution of funding. To assist in this monitoring process it is necessary to ask you a number of questions which are based on Section 75 of the NI Act 1998 guidance on equality impact assessment.

Access to this information is strictly controlled and will not be available to those considering your application. Monitoring will involve the use of statistical summaries information in which the identities of individuals will not appear. This information will not be available for any purpose other than present/future equality monitoring by the RCN Foundation.

(Please mark in the appropriate boxes with an **X**).

a. Your gender: ☐ Female ☐ Male ☐ Prefer not to say

☐ Prefer to self-describe:

Is your gender identity the same as assigned at birth?: ☐ Yes ☐ No

b. Marital status: ☐ Single ☐ Separated ☐ Married/Civil Partnership ☐ Widowed

☐ Co-habiting ☐ Divorced ☐ Prefer not to answer

c. Ethnicity

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian background

Please state:

Black or Black British

☐ Caribbean

☐ African

☐ Any other Black background

Please state:

☐ Chinese

Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other mixed background

Please state:

White

☐ British

☐ Irish

☐ Any other White background

Please state:

☐ Any other ethnic group

Please state:

d. Religious Affiliation

The Fair Employment and Treatment Order 1998 states: “Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below”:

- ☐ I am a member of the Protestant community
- ☐ I am a member of the Roman Catholic community
- ☐ I am a member of neither the Protestant nor Roman Catholic community

If so, please specify:

e. Sexual orientation: ☐ Bisexual ☐ Gay man ☐ Heterosexual/straight ☐ Lesbian/gay woman

☐ Prefer not to say ☐ Prefer to self-describe:

f. Do you consider yourself to have a disability?: ☐ Yes ☐ No

In accordance with the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment that has substantial and long term adverse affect on your ability to carry out normal day to day activities”.

g. Your age: ☐ <20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+

h. Dependants:

Do you look after or give support on a daily/weekly/monthly basis to either a family member, friend or neighbour belonging to one of the following groups:

- ☐ A dependant child or young person?
- ☐ An adult with a long-term physical or mental health problem?
- ☐ A dependant elderly person?