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**Higher education bursary – application form**

Coventry and Warwickshire Local Optical Committee has been furnished with limited funds by NHS England in order to promote the further education and development of the optical profession in the area, thereby enhancing the role we play in ICB commissioned community primary eyecare for the benefit of our community.

We would like to use this money, kindly allocated by NHS England to encourage and assist optometrists to undertake the College of Optometrists qualifications in Glaucoma, Medical Retina and Independent Prescribing.

We are asking the studying optometrist to secure a place with an approved provider and upon successful completion of the course the LOC will reimburse 50% of the course fee. **To qualify the applicant must work in Coventry and Warwickshire for at least 2 days a week. You must not be receiving funding from any** **other sources.**

Optometrist details:

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Email |  |
| Mobile |  |
| Qualifications |  |

Employment details:

|  |  |
| --- | --- |
| Name of workplace |  |
| Address of workplace |  |
| Current position |  |
| Days/hours employed |  |
| Reference name |  |
| Reference contact details (email/phone number) |  |

Course details:

|  |  |
| --- | --- |
| Name of course |  |
| Name of provider/university |  |
| Start date |  |
| End date |  |
| Cost of course (please attach an invoice) |  |

By accepting this funding, you agree that upon obtaining your higher qualification, your name may be published biannually on the LOC website to acknowledge your achievement. If you do not wish to be included please let us know via. email.

Please complete and return this application via. email to **secretary@coventryandwarwickshireloc.com**