

## 2026 Application Form for Elective Bursaries

*Please read in full the guidelines available on our website before completing this form.*

### PERSONAL DETAILS

<b>Surname</b>			
<b>First name</b>			
<b>Permanent address (home)</b>			
<b>Contact Numbers</b>	<b>Home</b>	<b>Mobile</b>	
<b>Permanent e-mail</b> <i>(Mandatory: Please ensure you provide an alternative email in addition to your university email.)</i>			

### ACADEMIC DETAILS

<b>University/Medical School</b>		<b>Study year</b>	
<b>University Email</b>			
<b>Contact Numbers</b> <i>(if different to above)</i>	<b>Home</b>	<b>Mobile</b>	
<b>Name of Medical School Ethics Lead, or designated member of staff</b>			
<b>E-mail of Ethics Lead, or designated member of staff</b> <i>(See guidance notes points 5 and 10)</i>			

***This page will be detached for anonymity before assessment***

**APPLICANT SIGNATURE**

I confirm the information on this application form is to the best of my knowledge accurate.	
<b>Signature</b>	
<b>Date</b>	
<b>If your application is successful the IME may wish to publish your report on our website. Do you agree to your report being published?</b>	
<b>How did you find out about this award?</b>	

***This page will be detached for anonymity before assessment***

## PROJECT DETAILS

<b>Title of project</b>			
<b>Date of Elective</b>		<b>Where will the project take place?</b>	
<b>Summary of project</b> <i>(50 words max)</i>			

***Before completing this section, you are strongly advised to refer to the guidelines and the paper entitled 'Things to consider for a research project proposal: IME guidance for Elective Bursary Projects'***

<b>What is the aim of your project? What question(s) do you hope to answer?</b> <i>If you are planning a focused reflection this should focus on specific ethical question(s)</i>
<b>Background of the project</b> <i>Why do you think this is an important topic? Why do you want to explore it? How is it relevant to medical ethics? Use references to support your claims</i>
<b>Describe the research method(s) you will be using</b> <i>For a focused reflection describe the model of reflection you plan to use and give some details of the ethical analysis you intend to carry out</i>

**What might be the relevance of your findings?**

*To health care? To medical ethics debate? To your future career?*

**Academic References** *(Maximum 5)*

**Does your project require ethical or any other regulatory approval?**

*You must discuss this with your Medical School Ethics Lead or the designated member of staff (Please see guidance notes 5 and 10)*

**If YES, please give the submission date for ethics approval**

**Reason for applying for this bursary?**

**What do you expect to gain from your elective?**

## PROPOSED BUDGET

<b>Please provide a detailed breakdown of your proposed expenditure during your elective</b>	
<b>Accommodation</b>	
<b>Travel</b>	
<b>Other</b> <i>(Please Specify)</i>	
<b>Please specify other grants relevant to your elective which you have received or applied for</b>	

## SUPPORT FROM PROJECT SUPERVISOR

**Project Supervisor** *(please see point 5 of the guidance notes)*

*I confirm that I endorse this project, that it is feasible, and that I agree to supervise it*

<b>Name of Signatory</b>	
<b>Signature</b>	
<b>Name of Institution</b>	
<b>Position in Institution</b>	
<b>Date completed</b>	

## SUPPORT FROM ETHICS LEAD

**Ethics Lead** *(please see point 5 of the guidance notes)*

*To be completed by the Medical School Ethics Lead or the designated member of staff*

<b>Name of Signatory</b>	
<b>Signature</b>	
<b>Name of Institution</b>	
<b>Position in Institution</b>	
<b>Does this project require ethical approval?</b>	
<b>If yes, to which ethics committee has this/will this application be made?</b>	
<b>Have you discussed the student's project with them?</b>	
<b>Please comment in detail on the student's project</b>	

<b>Date completed</b>	

*This application form should be submitted by **email**, as a **Word document**, by the **member of staff who completed the UK Ethics Lead or designated member of staff part of this form.***

*Their email signature will suffice as their sign off. Please email this form completed to: [contact@ime-uk.org](mailto:contact@ime-uk.org), copying in: [philg@ime-uk.org](mailto:philg@ime-uk.org)*

**OFFICE USE ONLY**

Reference No	
Application Complete	
Sent to GAC	