**Application for (Course Name):**

**Name:**

**Age:**

**Sex:**

**Stage in career: *(select as applicable)***

**For those who are in training - *name of the course with subject*-**

**For those who have completed training:**

***Highest degree with subject***

***Years since completion of highest degree:***

**Place of work (Name of the centre and city):**

**State:**

**Type of your organization: Public / Charitable / Trust / Private *(Please tick as appropriate)***

**Employment: Contract/ Permanent/Trainee**

**Years since employed with the present organization:**

**Specific interest area within oncology nursing (if any)**

**Proposal (max 350 words**)

|  |
| --- |
| How will it enhance the knowledge and expertise for your centre (if this will benefit beyond your centre, please mention). Trainees should indicate where would they plan to work after completion of training |
| How do you plan to use the skill and knowledge gained |
| How will you disseminate the knowledge gained, so that others also benefit from the knowledge gained |
| Commitment to train others with similar training needs from other NCG centre |
| Justification for the financial support sought, including details of any other support for the same purpose |

**Documents to be attached**

* Recommendation from the mentor from local centre with No-objection note for the training and duration – signed and dated on the letterhead
* CV up to date (signed and dated)
* Details of expected travel cost - two-way economy fare from the airline website
* Government Approved ID
* **Registered Nurse with state nursing Council (Mandatory)**

Name:

Signature:

Date of submission: