**Continuing Education Bursary**

**PURPOSE**

Once per year, $500 will be awarded to one successful applicant from the London Orthopaedic Unit for the purpose of continuing education with an Orthopaedic Division syllabus course. In return, the recipient of the award will provide a 5-15 minute talk to the London Unit members, typically during our annual Speakers Night.

**SELECTION CRITERIA**

* Applicants must be members of the London Orthopaedic Unit (that is, current Orthopaedic Division members who live within the LOU catchment area (post codes starting with the letter N))
* Applicants must be registered with the College of Physiotherapists of Ontario and be involved in direct patient care
* Willingness to deliver a 5-15 minute presentation to the attendees/membership at the LOU Speakers Night or Annual General Meeting to inform the attendees/membership of the research project and objectives
* Proof of completion of or registration in a syllabus course with the London Orthopaedic Unit
* First-time applicants will be given priority

**SELECTION OF CANDIDATE**

* The LOU executive will select the successful candidate

**APPLICATION PROCEDURE**

The application must include:

* Completed Application Form (see attached document)

Applications must be submitted electronically to the LOU Executive no later than September 1st of each calendar year. Award winners will be notified in September.

For further information, please contact the LOU Executive at [info@londonorthounit.org](mailto:info@londonorthounit.org)

**Continuing Education Bursary: Application Form**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address of Applicant: |  |

Are you applying for the first time? Yes / No

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CPA #: |  | LOU Member: | Yes / No |

|  |  |
| --- | --- |
| Primary Practice Location: |  |

Proposed Orthopaedic Division Syllabus Course and Dates:

|  |
| --- |
| Please include proof of registration or completion in this course with your application. |

Please describe how this continuing education opportunity will affect your clinical practice:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Signature: |  | Date: |  |

**DEADLINE FOR SUBMISSION:** No later than **September 1st** of each calendar year.

Send to: [info@londonorthounit.org](mailto:info@londonorthounit.org)

*N.B. The decision process is based on the information provided by the applicant. The Awards Committee will not seek out additional information. Incomplete submissions will not be considered.*