**Outreach 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. This Bursary will be awarded to a successful candidate living in an outreach area (defined as within the catchment of the LOU but greater than 50 km from central London).

**SELECTION CRITERIA**

* Applicants must be members of the London Orthopaedic Unit (that is, current Orthopaedic Division members who live within the LOU catchment area which is defined as post codes starting with the letter N\*)
* \*Applicants must live greater than 50km from central London for this award
* Applicants must be registered with the College of Physiotherapists of Ontario and be involved in direct patient care
* Proof of completion of or registration in a syllabus course with the London Orthopaedic Unit
* First-time applicants, candidates with limited access to mentoring and those incurring costs associated with traveling to London to participate in a syllabus or non-syllabus LOU course will be given priority

**SELECTION OF CANDIDATE**

* The LOU executive will select the successful candidate

**APPLICATION PROCEDURE**

The application must include:

1. Completed Application Form (see attached document)
2. Proof of address

**APPLICATION PROCESS**

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)

**Outreach 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 Continuing Education Course Title, Instructor, Dates and Objectives: |

|  |
| --- |
|  |

|  |
| --- |
| Please describe how this Bursary will assist with costs associated with this course: |

|  |
| --- |
|  |

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.*