**A picture containing text

Description automatically generatedIP Bursary – 2023 Application Form**

**Part 1. Applicants Details**

|  |  |
| --- | --- |
| Author’s name |  |
| Address |  |
| Qual­i­fi­ca­tions |  |
| Email |  |
| Mobile |  |
| Cur­rent posi­tion |  |
| Workplace |  |
| Membership of Professional Bodies |  |

*Please Note: Applications will be anonymised for judging purposes until the final shortlist who will be required to present their cases to the panel of judges.*

**Part 2. Case Study**

Submit an interesting patient case study where having an IP qualification would have improved the patients experience and care. Please use the template provided as a guide, but feel free to add any additional details that you feel would enhance your application.

|  |  |
| --- | --- |
| Section | Details |
| Patient Background |  |
| The patients presenting condition |  |
| How did you manage it? |  |
| Patient outcomes |  |
| How would you manage it if you were IP qualified? |  |
| How would this benefit the patient? |  |

**Part 3. Please explain why you would like to study IP?**

We are looking for candidates/recipients who see a real value in qualifying as an Independent Prescribing Optometrist. In a maximum of ***1000 words*** we would like to hear what obtaining the qualification would mean: