**Repeating a Year of Study**

**ScotGEM Bursary Application**

**2025-2026**

**ScotGEM Bursary can be applied for by repeating year students.**

**Please note the maximum Bursary payable to one student over the entirety of the ScotGEM MBChB is £16,000.**

**Repeating Year 1 Application Deadline - Friday 12th September 2025**

**Repeating Year 2, 3 and 4 Application Deadline - Friday 15th August 2025**

Email: [scotgembursary@nes.scot.nhs.uk](mailto:scotgembursary@nes.scot.nhs.uk)

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| **1** | **Course/programme details**  ScotGEM programme registration number: |  |
|  |  |  |
|  | Please tick which year of study this application is supporting:  Year 1 Year 2 Year 3 Year 4 |  |
|  | Have you previously been a recipient of the ScotGEM bursary?  What previous years of study have you applied for and received the ScotGEM bursary? | Yes No |
| **2** | **Your personal details** |  |
|  | Title Date of birth | |
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|  |  | |
|  | First name(s) Surname | |
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|  |  | |
|  | Home address Term time address | |
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|  | Please tick which address is registered with your bank:  Home Term Other | |
|  | If other, please provide address in box below: | |
|  |  | |
|  | Phone number | |
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|  | E-mail address | |
|  | **Please note:**   * ScotGEM Bursary team will only contact you via email. * For identification purposes it is better if the same email address can be used every year you apply. | |
|  | I confirm my name, address and bank account information are the same as my previous application submitted:  Yes No  If you have selected no, you will be required to resubmit a BACS form to update your information. We will issue this when your Matriculation date is approaching. | |
| **3** | **Privacy Notice**    **Why do we process this personal data?**  Information is used to process applications for ScotGEM Bursaries and to make payments. Information will be transferred between NES, your university and the Scottish Government, this is to ensure that any contractual obligations are completed and information is kept up to date. Where appropriate special category information will be processed to ensure any extenuating circumstances are captured.  **What personal data does NES Medical Directorate use?**  Your personal identification, education information and where appropriate health information will be processed as advised above.  **Legal Basis**  The legal basis NES uses for processing your personal data within NES Medical Directorate can be found under UK GDRP Article 6(1)(b) – It is necessary for the performance of a contract with the individual.  The legal basis for processing your special category data is Article 9(2)(h) – Health or social care (with a basis in law)  **Data transfers outside the UK**  All data is stored within the UK for NES Medical Directorate. This is acceptable under the current legislative framework.  **Automated Decision making**  Individuals will not be subject to automated decision making within NES Medical Directorate.  **Retention**  Data will be processed for a minimum of 8 years.  **More information:**  Information about your rights, how to make a complaint, and how to contact the NES Data Protection Officer can be found in the [NES Privacy Notice](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nes.scot.nhs.uk%2Flegal-and-site-information%2Fprivacy%2F&data=05%7C01%7CDawn.Mann%40nhs.scot%7C190868f114474aa4b12d08db2ba735c8%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638151769374286663%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=K%2FJdU1csIIFsV%2Fe1GqeX8bBCbyTwAMDaIfR6cERJnqU%3D&reserved=0). | |
| **4** | **Declaration and undertaking (you must sign this)** | |
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|  | |  | | --- | | * As far as I am aware, the details given on this form are complete and accurate; and I will inform NES of any changes to my personal contact details by email to [scotgembursary@nes.scot.nhs.uk.](mailto:scotgembursary@nes.scot.nhs.uk) | | * I agree to give NES any further information you may ask for in relation to this application. | | * I will tell NES immediately if my circumstances change in any way that might affect any amount I have received. | | * I agree to repay any amount I have received, which is more than the award due to me. * I understand I can only apply for a maximum of 4 years of the ScotGEM Bursary.   I confirm I have not claimed for ScotGEM Bursary payments which will exceed more than £16,000. | | * I undertake to work as a doctor contracted withinan an NHS Scotland Health Board, beginning within 12 months of graduation; If my bursary is claimed for 4 years, 3 years, 2 years or 1 year my reckonable years of appropriate work in NHS Scotland will be 4 years, 3 years, 2 years and 1 year respectively. For statutory leave occurring during this time (includes absences due to long term illness, maternity, paternity, or adoption leave), the duration of employment will be adjusted so that “the clock” is stopped during the period of absence. Full information regarding repayment including expected timescales can be found in the ScotGEM Bursary Information Sheet 2025/26. * I understand I will need to repay a proportion of/or entire ScotGEM Bursary if I do not meet the conditions of the return of service period. The amount I repay will depend on how much of the return of service period I have completed. * I understand If I do not engage to set up a repayment plan or default on agreed payments, necessary steps may be taken to recover the sums due, which may include referral to a debt collection agency and notification to the GMC as the regulatory body for doctors in the UK, to determine whether this action represents a professional probity issue. | | |
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|  | **Signature:…………………………………………………………............................. Date:……………………** | |
|  | **Please note this should be a physical signature or an electronic signature. We will not accept typed signatures.** | |
|  | **Warning: We may prosecute you if you give false information.** | |
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