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**WHO Healthy City Explorer 2017**

**Bursary Criteria and Application Form**

Belfast Healthy Cities is offering an annual bursary throughout Phase VI (2014-2019). The bursary will support a study visit to a Phase VI World Health Organization (WHO) European Healthy City. The successful applicant will clearly demonstrate the added value of the visit to the delivery of their work. Applicants should outline clearly what they hope to gain personally from the experience and how they will share information on the study visit.

The bursary is open to applicants living or working in Belfast from the community, voluntary, public and business sectors. A supporting statement from your manager/employer must be included.

**Bursary criteria**

The following criteria will be applied to the successful application:

1. Clear demonstration of how the study visit will contribute to the delivery of the Phase VI (2014-2019) goals and core themes of Belfast as a member of the WHO European Healthy Cities Network.

Phase VI Goals:

• Improving health for all and reducing health inequities; and

• Improving leadership and participatory governance for health

Phase VI Core Themes:

* + - Investing in health through a life-course and empowering people;
    - Tackling the European Region’s major health challenges of infectious and noncommunicable diseases;
    - Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
    - Creating resilient communities and supportive environments.

Please see [Phase VI (2014-2019) of the WHO European Healthy Cities Network: goals and requirements](http://www.healthycities.org.uk/uploads/fckfile/06-Phase%20VI%20%20FINAL%20EDITEDxx.pdf) for further information.

**Guidance Notes**

* The bursary is limited to a study visit of up to a maximum of 5 days to a town or city within the WHO European Healthy Cities Networks. Cities within WHO Healthy Cities National Networks will also be considered.

1. The applicant may identify a city of interest and present a programme for the study visit to Belfast Healthy Cities’ office for approval.

**or**

1. Belfast Healthy Cities will assist in identifying a host city within the Network on the chosen topic of interest.

* The awardee will be required to provide daily updates during the trip, either

1. Using Twitter

**or**

1. Writing a short blog for Belfast Healthy Cities’ website.

* The awardee is required to report on the findings from the study visit through a presentation at a Belfast Healthy Cities event in late 2017. **Please note 20% of the cost of the trip will be withheld until the report is submitted.** Further opportunities for reporting on the study visit should be outlined within the application.
* The maximum value of the bursary will not exceed £2,000 and will cover travel, accommodation, subsistence and travel insurance costs.
* Political party representatives, academic staff and students, members of Belfast Healthy Cities’ Board of Directors or members of Belfast Healthy Cities’ staff and families are not eligible to apply.

**Timescale:**

Closing date for receipt of applications is **Wednesday 12 April 2017.** An application form is available at [www.belfasthealthycities.com](http://www.belfasthealthycities.com) or by telephoning Laura McDonald on 028 9032 8811.

The study visit must be conducted by **Monday 30 October 2017** and the follow up presentation received by a date to be agreed with Belfast Healthy Cities.

**Further information:**

[WHO European Healthy Cities Network map](http://www.belfasthealthycities.com/who-phase-vi-2014-2018-european-healthy-cities-network)

[WHO European Healthy Cities information:](http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/healthy-cities)

 

**Healthy Cities Explorer Bursary 2017**

Application Form

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Please read the attached bursary criteria carefully before completing this form.

Please note that your application may not be considered if

the information given is incomplete or incorrect.

The completed form should be returned to

Belfast Healthy Cities 22-24 Lombard Street Belfast BT1 1RD or [laura@belfasthealthycities.com](mailto:laura@belfasthealthycities.com)

by **Wednesday 12 April 2017**

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**Section A:**

|  |  |
| --- | --- |
| 1) Surname | Forename |
| 2) Employer | Email address |
| 3) Address |  |
| Work: | Home: |
|  |  |

4) Employment sector and status (*please tick*):

Community / Voluntary 🞏 Statutory 🞏

Volunteer 🞏 Private 🞏

**Section B:**

**Please outline the following:**

5) a) Purpose of study visit

b) How the visit will contribute to the delivery of Phase VI goals and core themes

c) How the study visit will add value to applicant’s area of work

(*maximum 500 words*)

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6) Dates, expected duration and outline of proposed study visit if known (up to a

maximum of 5 days):

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7) Breakdown of estimated cost

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8) Opportunities to share and disseminate the learning

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Signature ..............................................................................

Date .............................................





**Section C:** **To be completed by manager / supervisor/ employer\***

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The benefit of the study visit is: (*please circle as appropriate)***

Very considerable Considerable Modest

1. **Please comment on how this study visit would benefit the work of the applicant:**

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1. **Please give details of any contribution, which your organisation is prepared to make to the cost of the trip:**

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*You may nominate a supervisor or manager who is familiar with the work of the applicant to complete this form*.