

Novo Nordisk UK Research Foundation

Educational Activity Application Form

Novo Nordisk Ltd is the sole donor to The Novo Nordisk UK Research Foundation (NNUKRF), however, NNUKRF decides and allocates funding independently to fulfil its own independent charitable objectives.

Charity registration number: 1056410.

If you have any queries regarding this application form, please contact NNUKRF:
ukresearchfoundation@novonordisk.com .

Important notes:

Use this form to apply for funding to support education or training related to the care and management of people with diabetes.

Applications will be triaged to ensure compliance with these guidelines.

Please read the information www.nnukrf.org.uk/how-to-apply before completing this form.

Applications cannot be accepted without the applicant's signature

Please ensure you complete your application in full answering each question.

Do not send any attachments separately

Incorrectly completed applications will be rejected

For successful applicants this document including the CV will be securely stored until we receive the final report. For unsuccessful applicants this form and CV will be securely stored for 12 months

Applications including CVs are shared with the Nurse and Allied Healthcare Professional Selection Committee and may be shared with the Board of Trustees.

Due to the large number of applicants, there will be no formal feedback to applicants

Payment details - please note we cannot pay to personal accounts we can only pay to your host institute

Please insert a maximum of 1 page (1000 character) summary of your CV in this application form

These awards are open only to healthcare professionals allied to medicine. Medically qualified (GMC registered) professionals are not eligible to apply.

The education or training must be based in the UK and/or delivered by a UK based educational institute or organisation.

The education or training must take place after 31 March 2026

Non-medical Prescribing Programme

If your application is for the Non-Medical Prescribing programme please provide (in the box below) evidence of support from the NMP lead in your employing Trust. This is required nationally to undertake this programme. Health Education England (HEE) provide some funding each year for the NMP programmes, please include what you have been informed by the University you have applied to in relation to the HEE funding your application.

I am not applying for Non-medical Prescribing Programme

I am applying for Non-medical Prescribing Programme

Name of applicant:

Job title:

Profession: (Nurse, Podiatrist, Pharmacist, Dietician, Other):

Registration number:

Place of work (full address):

Phone number:

Email address:

Name and address of educational institute:

Course Title:

Start date of course or training:

End date of course or training:

Provide a link to the training or course:

Total amount of funding requested (£s):

If the course is divided into modules or individual components please provide details of the modules, dates and costs. NNUKRF may decide to fund on a modular basis or year by year basis.

Personal Statement. This is your justification to the Selection Committee as to why you should be funded – what are the benefits for patients with diabetes, the diabetes service and to you personally.

Summary of CV (maximum 1 page):

Have you successfully applied to NNUKRF before?

Yes

No

If Yes, did you submit a final report?

Yes

No

If your application is successful you give consent for the named applicants, photos, images and award information to be published on the NNUKRF website and any other materials (such as newsletter and emails) and to be included in the NNUKRF Annual Report (which is published on the Charity Commission website).

Yes

I confirm that if funding is awarded it will be used only for the purposes described in this application or will be returned to NNUKRF.

Yes

I agree to submit to NNUKRF a final report within 3 months of completion of the course or training.

Yes

I confirm that I have approval from the Head of Department for me to take this educational or training activity.

Yes

Will you take study leave for this education or training activity?

Yes

No

Name of Head of Department

Email address of Head of Department

Signature of Applicant

Date

Please refer to the website www.nnukrf.org.uk for the submission deadline and the timeline for review and communication to applicants.

Please submit your application form to ukresearchfoundation@novonordisk.com

Do not submit any other documents or attachments.