

Symposium Mammographicum

Bursary Application Form

Please state the Bursary for which you are applying:

- Bursary A** To undertake a training course of one or two weeks at a UK hospital Breast Screening Unit
- Bursary B** To attend Symposium Mammographicum to be held at the Arena & Convention Centre, Liverpool 11-13 July 2010

NB applicants may not apply for both A & B. Please complete all three parts.

PART 1

Name of Applicant (Please Print)																																									
Address																																									
Post Code																																									
Country																																									
Tel Day/Evening	Day: _____ Eve: _____																																								
Email (Enter one character per box)	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						

PART 2

1	QUALIFICATIONS
2	PLACE AND DATE OF QUALIFICATIONS
3	CURRENT POST AND WHERE HELD
4	MAMMOGRAPHIC EQUIPMENT USED IN YOUR DEPARTMENT

Symposium Mammographicum

Bursary Application Form (cont)

5	NUMBER OF STAFF PRACTISING MAMMOGRAPHY WITHIN YOUR DEPARTMENT
6	RELEVANT EXPERIENCE ALREADY GAINED
7	SPECIFIC EXPERIENCE TO BE GAINED
8	REASON FOR APPLYING FOR THIS BURSARY
9	HOW WILL YOU USE THE EXPERIENCE GAINED?
10	WHAT VALUE WILL THIS BE TO YOURSELF?
11	WHAT VALUE WILL IT BE TO YOUR PATIENTS?
12	WHAT VALUE WILL IT BE TO YOUR COLLEAGUES?

Symposium Mammographicum

Bursary Application Form (cont)

PART 3

The Trustees expect applicants, particularly trainees, to have endeavoured to raise funds to support themselves while in the UK. The Trustees may, at their discretion, supplement funds that have been obtained locally. Evidence of financial support must be provided by the applicant and the Head of Department.

1 Have you been successful in raising funds Yes/No*

If you answered 'No' please go to question 3

2 If you answered 'Yes' please supply the following information:

2.1 the amount of funds raised _____

2.2 the name and address of the source providing funds (PLEASE PRINT):

3 Please give details of attempts made to obtain funds locally and reason for lack of success:

4 The letter of endorsement from the Head of Department or current employer should include the following:

4.1 Reasons as to why the applicant is suitable for a bursary

If funds have not been obtained locally:

4.2 A statement to the effect that local sources of income are exhausted

THE CLOSING DATE FOR CONFERENCE BURSARY APPLICATIONS IS 30 MAY 2010

Send the completed form with the letter of endorsement by post or email to:

The Company Secretary
Symposium Mammographicum (Bursaries)
PO Box 5992
Sturminster Newton
Dorset DT10 9AD
United Kingdom
Tel: +44 (0) 1258 817160
Email: c.roney@sympmamm.org.uk