

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?
13	WHAT TYPE OF ORGANISATION IS DELIVERING THE SERVICE? Please tick appropriate box a) Private Clinic <input type="checkbox"/> b) Government Funded Service <input type="checkbox"/> c) Other <input type="checkbox"/> please specify:

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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 DATES FOR BURSARY A APPLICATIONS ARE 31 MAY & 30 NOVEMBER EACH YEAR. THE CLOSING DATE FOR BURSARY B APPLICATIONS IS 31 MAY 2012

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