

# Symposium Mammographicum

## Bursary Application Form

Please state the Bursary for which you are applying:

**Bursary A** To study at a UK hospital Breast Screening Unit




**Bursary B** To attend Symposium Mammographicum to be held in Lille, France from 6-8 July 2008

**NB applicants may not apply for both A & B**

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"/>																						

**Criteria** (Listed in the Bursaries section on the web site)

1	Qualifications
2	Place and date of qualifications
3	Current post
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?
13	What proportion of costs have you been able to raise?

# Symposium Mammographicum

## Bursary Application Form (cont)

14	Are you being sponsored by your current employer?
----	---

**THE CLOSING DATE FOR CONFERENCE BURSARY APPLICATIONS IS 30 MAY 2008**

Send the completed form with the letter of endorsement by post 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@apcr.co.uk](mailto:c.roney@apcr.co.uk)