|  |  |
| --- | --- |
| **Please tick the box against the Bursary for which you are applying.** ***NB: Each applicant may only apply for one bursary.*** |  |
| **Bursary A:**To facilitate study by an observational or clinical attachment in a specialist training centre in the United Kingdom over a period of one or two weeks.  |  |
| **Bursary B:**To facilitate attendance at the Symposium Mammographicum biennial conference between 21 - 23 June 2020 at the Harrogate Convention Centre. |  |
| **Bursary C:**To facilitate travel to countries with less well-developed breast screening and imaging services than the UK, to deliver education or consultancy to support the development of such services. |  |

* **Please complete Parts 1-3 of the form below.**
* **Please enter “Not applicable” where necessary.**

**PART 1**

|  |  |
| --- | --- |
| Name of Applicant(Please print) |  |
| Address |  |
| Post Code |  |
| Country |  |
| Telephone number |  |
| Email address |  |

**PART 2**

|  |  |
| --- | --- |
| 1 | QUALIFICATIONS |
| 2 | PLACE AND DATE OF QUALIFICATIONS |
| 3 | CURRENT POST AND WHERE HELD |
| 4 | MAMMOGRAPHIC EQUIPMENT USED IN YOUR DEPARTMENT |
| 5 | NUMBER OF STAFF PRACTISING MAMMOGRAPHY OR BREAST IMAGING WITHIN YOUR DEPARTMENT |
| 6 | RELEVANT EXPERIENCE ALREADY GAINED |
| 7 | SPECIFIC EXPERIENCE TO BE GAINED THROUGH THE BURSARY ACTIVITY |
| 8 | REASONS 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 DO YOU WORK FOR OR REPRESENT?Please tick as applicable:Private clinic ☐ Government Funded Service ☐ Charity ☐ Studying at a UK Higher Education institution [ ] Other ☐ (please specify) |

**PART 3**

The trustees expect applicants to have tried other potential sources of funding. Bursaries will only be awarded where such efforts have been either unsuccessful or have provided insufficient funds. Evidence of existing financial support must be provided by the applicant and their head of department or equivalent.

|  |  |
| --- | --- |
| 1. Have you already been successful in raising funds?

(Please enter Yes or No; If No, please go to Question 4.) |  |
| 1. If Yes, please state the amount of funding you have secured:
 |  |
| 1. If Yes, please give the name and address of the source of funding:
 |  |
| 1. If you have been unsuccessful, please give details below of the sources you have approached and the reasons for lack of success:
 |  |

**Please remember to include a letter of endorsement from your employer, head of department, or equivalent with your application.**

This letter should include:

* Justification of the applicant’s suitability for the bursary
* A statement that all other potential sources of sufficient funds have been exhausted, and/or
* A statement certifying the amount of funds already in place, if any
* Permission for you to be absent from your employment for the duration of the bursary activity.

**Deadline for submitting your application:**

**For 2019 /20 the closing dates for bursary A and C applications are 1 May, 15 August and 15 November.**

**The closing date for bursary B applications is 25 November 2019.**

**Please send the completed form with the letter of endorsement and curriculum vitae by post or email to:**

The Company Secretary

Symposium Mammographicum (Bursaries)

20 Heene Road

Enfield

EN2 0QG

United Kingdom

Tel: +44 (0) 20 8362 1556

Email: andrew.tillbrook@sympmamm.org.uk