



British Society of Paediatric Gastroenterology Hepatology and Nutrition

BURSARY APPLICATION FORM

<p>Name: _____</p> <p>Title: _____</p> <p>Date of Birth: ____/____/____</p> <p>Present Appointment: _____</p> <p>Membership Number _____</p>	<p>Professional Address: _____ _____ _____</p> <p>Tel: _____</p> <p>Fax: _____</p> <p>Email _____</p>																				
<p>Meeting* to be attended: _____</p> <p>Venue: _____</p> <p>Date: ____/____/____ * Please attach programme</p>																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Estimated Costs:</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;">£</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">Registration Fees</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Travel</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Accommodation</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Total</td> <td></td> <td style="text-align: right;">_____</td> </tr> </table> <p>Last date for low registration fee: ____/____/____</p>		Estimated Costs:		£			Registration Fees		_____		Travel		_____		Accommodation		_____		Total		_____
Estimated Costs:		£																			
	Registration Fees		_____																		
	Travel		_____																		
	Accommodation		_____																		
	Total		_____																		

How are you contributing to this meeting?

- Oral plenary presentation*
 Oral concurrent presentation*
 Poster
 Workshop Participant
 Chairing a session
 Invited speaker
 Delegate

****If presenting a paper, please enclose a copy of the abstract and acknowledgement of acceptance for presentation***

How much other funding, for this meeting have you applied for? e.g. ESPGHAN Young Investigator's Award? _____

How much other funding (known/result awaited) have you been awarded for this meeting?** _____

** Please delete as applicable

Signature: _____ **Date:** ____/____/____

TO BE COMPLETED BY APPLICANT:

Please state importance and value of attending this meeting. Provide a brief outline of your current research activity if relevant to attending.

SUPPORTING COMMENTS FROM HEAD OF DEPARTMENT:

(please explain why the applicant cannot obtain complete funding from other appropriate sources)

Name: _____ (PLEASE PRINT)

Signature: _____ Date: ___/___/___

**Please return form to:
BSPGHAN Administrator, 5 Woodthorpe Drive, Pedmore, Stourbridge, DY9 7JX.
West Midlands**

Tel: 07969 107801 Fax: 01384866446 Email: administrator@bspghan.org.uk