# Application for the RCR Educational Bursary Fund

### Details of Applicant

|  |
| --- |
| Surname |
| Other names (in full) |
| Correspondence address |
| Mobile number | E-mail address |
| Date of FRCR admission | Current post | Name of training scheme or hospital |

### Details of Project

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| --- |
| Project title |
| Purpose of project |
| Proposed duration and dates of project |
| Where is project to be carried out? |

|  |
| --- |
| Benefits to be gained from project |

##### Details of Funding

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| --- |
| Total amount of funding requested |
| Detailed justification of the financial support requested |
| Details of other funding requested or obtained  |

 **Details of Referees** (both of whom should be consultant clinical radiologists)

|  |
| --- |
| First referee's full name |
| Hospital address |
| Daytime telephone number | E-mail address |

|  |
| --- |
| Second referee's full name |
| Hospital address |
| Daytime telephone number | E-mail address |

##### Applicant's Declaration

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| I declare that the information given on this form and in its enclosures is complete and correct. If a RCR Educational Bursary is awarded to me, I will use the money for the stated purpose and abide by the conditions of the award. If I have any difficulty in completing the project according to the timetable I will inform the Medical Director of the Faculty of Clinical Radiology. All work will be conducted to the highest ethical standards and subjected to the permission and scrutiny of the local medical ethics committee and the institution(s) where the project will be conducted. |
| Applicant's Signature | Date |

##### Documentation to be submitted with Application Form

🞎 Curriculum vitae

🞎 Letter(s) of support from the project supervisor(s) at the centre(s) at which the project is to
be undertaken

*Once completed this form and all required documentation should be submitted by* ***email*** *to:*

awards@rcr.ac.uk ***to arrive no later than 5pm on Friday 29 December 2023***