BRITISH GLOBAL AND TRAVEL HEALTH ASSOCIATION
Faculty of Travel Medicine Bursary Application Form

About You
TITLE:
NAME:
ADDRESS:
DAYTIME TEL. NO.
FAX:
EMAIL ADDRESS:
CURRENT JOB TITLE/POSITION:

About your Educational Plans (please tick)

Have you approached your employer or any other organisation for funding?

Yes ☐ No ☐

Please give details of your intended activity:

Name of Event: Examination for Membership of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow

Date of examination:

Have you already applied to sit the examination?

Yes ☐ No ☐

Describe in no more than 200 words why you wish to sit the examination

How much funding are you applying for? (please note the maximum for any one grant is £300 and members may only apply once during any 3 year period).

£_____

To whom should the cheque be made payable? _____

Evidence of an accepted application to take the examination must be submitted along with this form

Please send your completed form to:
BGTHA,13 Burlington Street, Flat 5, Bath BA1 2SA

All applications will be reviewed by the Education Committee of the BGTHA and applicants will be notified of their decision.

I declare that I intend to use any funds paid to me for the purpose I have outlined above.

Signed:_____ Date:_____