

**Application Form: Bursary for Teachers in Paediatric Dentistry**

Please ensure that all sections are completed and emailed to the BSPD Teachers’ Branch Secretary by the **31st March**. *Please refer to application guidance for further details*. **Applications to be e-mailed to: teachersbranch@gmail.com**

**Section A**: to be completed by the applicant

PART 1

|  |  |
| --- | --- |
| Title  |   |
| Full Name  |   |
| Position/Grade and training number |   |
| Department  |   |
| Institution  |   |
|  Work Address  |    |

PART 2

|  |  |
| --- | --- |
|  Date of first employment in current teaching grade  |   |
|  Do you hold an honorary training contract?  |  Yes / No  |
|  Do you have a training budget or other source of funding that may be used to attend the Teachers’ Branch Study Day?  |  Yes / No  |
| BSPD Membership Number |  |
| Have you previously applied for the Teachers’ Branch BursaryIf yes in which year(s)?  |  Yes / No …………………..   |

PART 3

|  |
| --- |
|  Please describe briefly how attending the Teachers’ Branch Study Day will help you to develop your pedagogic interests.(Max. 200 words)  |
|   |
| In the context of dental education, please briefly describe where you see yourself in five years’ time and how are you plan on getting there? (Max. 500 words)  |
|           |
| Applicant signature  |   | Date  |   |

**Section B**: To be completed by the Head of Department or Dean

I would like to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in his/her application for funding to attend the BSPD Teachers’ Branch study day.

Name:

Position:

Institution:

Signature:

Date:

**Section C**: For office use only

|  |  |
| --- | --- |
| Date received  |   |
| Date bursary decision made  |   |
| Bursary granted  | Yes / No |
| Applicant informed | Yes / No |

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