

**Application Form: Bursary for Trainees 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 training grade |  |
| Do you hold an honorary teaching contract? | Yes / No |
| BSPD Membership Number |  |
| Have you previously applied for the Teachers’ Branch Bursary?  If yes then 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 Assigned Educational Supervisor or Training Programme Director

I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in his/her application for award of this bursary to attend the upcoming Teachers’ Branch Study Day.

Name:

Position: Assigned Educational Supervisor Training Programme Director

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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