#

# BGS grant support towards EAMA tuition and accommodation fees for 2024-2026 course

# Application Form

#  Please email along with your tailored CV and other supporting documents to:

#  j.gough@bgs.org.uk

# by midnight on 21 April 2023

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  |  First Name: |  | **Surname:** |  |

|  |  |
| --- | --- |
| **Grade:**  |  |

|  |  |  |
| --- | --- | --- |
| **BGS Member?** | YES | NO |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  |  | **Postcode:**  |
| **Nationality** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Gender**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact No. (Daytime)** |  | **Contact No.****(Evening)** |  |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **Employer:** |  |

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| --- |
| University Degree |
| **University:** |  |
| **Faculty** |  |
| **Year:** |  |
| **Subject:** |  |
| **Other degree?:** |  |

|  |
| --- |
| Doctoral Fellowship: |
| **Subject:** |  |
| **Faculty:** |  |
| **Year:** |  |
| ***Please attach a PDF of your abstract*** |

|  |  |
| --- | --- |
| **Topics of Research:** |  |
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| --- | --- |
| **Research Supervisors:** |  |
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| **Why do you wish to attend the EAMA course? (200-250 words)** |
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| **How do you envision your career path? How might attendance at the EAMA course help your career?** |
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| **How would you share your learning from the course with the BGS membership at large?** |
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| --- | --- | --- |
| **Have you checked the 2024 and 2026 course dates with EAMA? Are you available to attend them?** | YES | NO |

|  |  |
| --- | --- |
| **Supporting Documents (please list)** |  |

|  |  |
| --- | --- |
| **List of previous publications** |  |
|  |  |

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| --- | --- |
| **Are you able to raise some of the course fees through other sources? (Suggested level: 50%)** |  |

|  |  |  |
| --- | --- | --- |
| **Will you be able to cover your own travel expenses?** | YES | NO |

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| --- | --- | --- |
| **Do you undertake to repay any BGS grant in full if you fail to complete the course for any reason?** | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Applicant’s signature:** |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Training Programme Director or Head of Service** |  | Date: |  |

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# by midnight on 21 April 2023