



**BRITISH DIVISION OF THE IAP
GLASGOW 2020 EDUCATIONAL FELLOWSHIP APPLICATION
FORM B**

NAME OF APPLICANT:

INSTRUCTIONS TO APPLICANT

Please pass this form to your present Head of Department to complete with the request that he/she should email a signed, PDF copy to Sam Kiely, BDIAP Education and Divisional Manager: administrator@bdiap.org

TO HEAD OF DEPARTMENT

The above-named applicant has applied for a BDIAP Educational Fellowship. Please provide your views to the BDIAP, IN CONFIDENCE.

1. Applicant's scientific and educational ability and suitability for a Fellowship:

2. Appropriateness of proposed project:

3. Name of Head of Department:

Address:

Email:

Signature

Date