**BDIAP Bursary Application:**

**BDIAP/GDIAP 14th International Junior Academy Summer School,**

**08-10 August 2024**

**Verification Form**

**Clinical Lead / Head of Department**

**NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the above-named applicant is a trainee working in my department and verify their bursary application to attend the 14th International Junior Academy Summer School.

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Signature

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Print Name

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Trust/Institute

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Date