



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.

Signature

Print Name

Trust/Institute

Date

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