**BDIAP Meeting Bursary Application:**

**Joint BDIAP-ABP Symposium on Breast Pathology, 22-23 November 2024**

**Verification Form**

**Clinical Lead / Head of Department / Laboratory Manager / Line Manager**

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

I confirm that the above-named applicant is a trainee/allied scientist working in my department and verify their bursary application for the Joint BDIAP-ABP Symposium on Breast Pathology 2024.

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Signature

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Print Name

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Trust/Institute

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Date