**BDIAP Meeting Bursary Application:  
BDIAP Study Days, March 2023**

**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 BDIAP Study Days, March 2023.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust/Institute

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Please return the completed form to Louisa Coulthurst by email:** [**membership@bdiap.org**](mailto:membership@bdiap.org)