



**BDIAP Meeting Bursary Application:
BDIAP Study Days, March 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 BDIAP Study Days, March 2024.

Signature

Print Name

Trust/Institute

Date

Please return the completed form to Louisa Coulthurst by email: membership@bdiap.org

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