**BDIAP Meeting Bursary Application:**

**Joint BDIAP-BAUP Symposium on Urological Pathology**

**14-15 November 2025**

**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 Symposium on Lower GI Pathology 2023.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

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

Print Name

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

Trust/Institute

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

Date