

***British Division of the
International Academy of Pathology***

P O Box 73

Westbury on Trym

BRISTOL BS9 1RY

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**BDIAP SCHOLARSHIPS FOR
UNDERGRADUATE ELECTIVE OR
VACATION STUDIES**

The BDIAP is offering a total of 10 scholarships, per year, to undergraduate students of medicine to enable them to work for elective or vacation periods in departments of Histopathology, Cellular Pathology or Cytopathology in universities, medical schools, NHS laboratories or research institutes in the United Kingdom or overseas. Proposals for work on research projects in histopathology or for acquisition of experience in diagnostic departments are eligible for consideration. It is a condition of the award that the successful candidate will submit a report on the work undertaken within three months of completion of the project.

The scholarship will normally be for £150 per week for up to 8 weeks, up to a maximum of £1,200.00 **pounds sterling**.

Application forms may be obtained from:

Administrative Secretary

BDIAP

P O Box 73

Westbury on Trym

BRISTOL BS9 1RY

Applications will be considered on receipt by the Education and IT Subcommittee.

Applicants will normally be informed of the result, by e-mail if possible, within six weeks of receipt

PLEASE NOTE

Under these terms and conditions the BDIAP must emphasise that it cannot be held responsible should the candidate sustain an injury or illness during the period for which funding has been awarded

Administrative Secretary: Mrs C Harris

Tel: 0117 907 7940

Fax: 0117 907 7941

E-mail: bdiap@blueyonder.co.uk homepage: <http://www.bdiap.org>; Registered Charity No 244450

*APPLICATION FORM FOR MEDICAL STUDENT ELECTIVE SCHOLARSHIP
AWARDED BY THE BRITISH DIVISION OF THE INTERNATIONAL ACADEMY OF
PATHOLOGY (BDIAP)*

Full Name
(BLOCK CAPITALS)

Date of Birth

Sex

Nationality

Full address
for correspondence
(BLOCK CAPITALS)

Telephone Number

E-mail

Education
Dates

Pre-University

University/Medical School

Prizes, Awards, Distinctions

Previous Laboratory experience: YES/NO

Approval of Head of Department in which work is to be carried out

I agree to accept the candidate to work in my department/institution, and I can confirm that the elective work/project has been approved by me and the candidate can be accommodated in the laboratories concerned.

Signature of Head of Department

Institution

Date

Approval of the Dean of the candidate's Medical School/Faculty

I support the application as outlined and confirm that the student will be available during the time indicated.

Signature of Dean of Medical School

University/Medical School

Date

Please return to

Mrs C Harris
Administrative Secretary
British Division of the IAP
P O Box 73
Westbury on Trym
BRISTOL BS9 1RY