**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.

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Signature

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Print Name

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Trust/Institute

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Date

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