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**The Alan and Diana Karter Fund Award**

**UK and Ireland Neurosurgical Trainees Award**

**Application Form**

**About you**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
|  |  |
| Training programme | Choose an item. |
| Training Programme Director’s Name | Click or tap here to enter text. |
| Training Programme Director’s email address | Click or tap here to enter text. |
| National Training Number | Click or tap here to enter text. |
| Year of Training on proposed travel date | Choose an item. |
| Provisional CCT date | Click or tap to enter a date. |

**Your destination(s)**

|  |  |
| --- | --- |
| From (date) | Click or tap to enter a date. |
| To (date) | Click or tap to enter a date. |
| Number of weeks | Click or tap here to enter text. |
| Destination Centre Name | Click or tap here to enter text. |
| Destination Country | Click or tap here to enter text. |
| Name of your local supervisor whilst in this centre | Click or tap here to enter text. |
| Job title of your local supervisor whilst in this centre | Click or tap here to enter text. |
| email of your local supervisor whilst in this centre | Click or tap here to enter text. |
| Local language proficiency | Choose an item. |

|  |  |
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| To (date) | Click or tap to enter a date. |
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| email of your local supervisor whilst in this centre | Click or tap here to enter text. |
| Local language proficiency | Choose an item. |

**Budget**

We will consider coveringtravel (economy), reasonable accommodation and subsistence costs for the trainee but not for any accompanying individuals. Trips exclusively to attend medical courses or conferences will not be covered but conference costs that are incurred as part of a longer trip can be considered.

|  |  |  |
| --- | --- | --- |
| Description | Category | Cost |
| *e.g. (please delete)* *Return economy fare flight LHR 🡪 Nairobi* | *Travel* | *£1,500* |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
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|  |  |  |
| *Total*  | Click or tap here to enter text. |

**What are your reasons for wanting to go abroad? (approx. 500 words)**

|  |
| --- |
| Please enter text giving your reasons for wanting to go abroad.  |

**Any additional information including any other sources of funding?**

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**Declaration**

I confirm that

* The information on this form is correct and complete
* I have received an outcome 1 in my most recent ARCP
* I have been a member of the SBNS (normally an Associate member) for at least 2 years
* I hold a Neurosurgical National Training Number
* I have the support of my TPD and my deanery (normally as an OOPE)
* I will write a short report for the SBNS Global Neurological Surgery Committee on my return and I understand that this may be published
* I will inform the SBNS Global Neurological Surgery Committee if my plans change and I understand that this may result in any award being withdrawn.
* I understand that if my award is withdrawn I may be required to refund any funds that I have received.

|  |  |  |
| --- | --- | --- |
| **Your name** | **Date** | **Signature** |
| Click or tap here to enter text. | Click or tap to enter a date. |   |

**Please also include the following documents with your application:**

* Training Programme Director reference form
* Logbook SAC indicative report
* Independent reference from a Neurosurgical trainer other than the Training Programme Director
* Confirmation that a period out of programme has been considered and supported by the local deanery
* Confirmation letter from the Institute(s) you are visiting