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**The Alan and Diana Karter Fund Award**

**Travel to UK, Neurosurgical Training Award**

**Application Form**

**About you**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text. |
| First Name(s) | 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 (include international dialling code) | Click or tap here to enter text. |
|  |  |
| Nationality | Click or tap here to enter text. |
| Neurosurgical training centre name | Click or tap here to enter text. |
| Neurosurgical training centre address | Click or tap here to enter text. |
| How many complete years of Neurosurgical Training will you have done on the proposed travel date | Click or tap here to enter text. |
| When will you finish training (or when did you finish training) | Click or tap to enter a date. |

**Your destination(s) in UK**

|  |  |
| --- | --- |
| 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. |
| 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. |
| English language proficiency | Choose an item. |

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| 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. |
| 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. |

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| 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. |
| 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. |

**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 Nairobi 🡪 LHR* | *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 come to UK? (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 the support of my local trainers
* I will write a short report for the SBNS Global Neurological Surgery Committee on completion of my trip 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:**

* Two references, one of which must be from the head of the department
* Letter of support from a host UK or Ireland neurosurgical unit signed by an SBNS full member
* Surgical logbook summary and curriculum vitae