**BTS Andrew Paris Memorial Fellowship Application Form**

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The Fellowship will be offered on an annual basis to any member of the Society keen to learn a specific technique or skill or widen their knowledge in another centre

Name…………………………………………………………………………………………………………..

Address ……………………………………………………………………………………………………… ……………………………………………………………………………………………………………………

Telephone…………………………………….. Email……………………………………………………

Current Role within Transplantation (please attach a CV) …………………………….. …………………………………………………………………………………………………………………….

Title of Fellowship/Project ………………………………………………………………………….. …………………………………………………………………………………………………………………….

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What Centre(s) do you propose to visit and for how long? …………………………….

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Contact person at Host Centre(s) …………………………………………………………………

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Summary of Project plan and how aims will be achieved (no more than 1000 words)

How will Your Project Make a Difference to Transplant Patients? …………………

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Proposed Costings ………………………………………………………………………………………

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**Application for award supported by Head of Department**

Name …………………………………………………………………………………………………………….

Title ………………………………………………………………………………………………………………

Address …………………………………………………………………………………………………………

**Please enclose a statement of support from visiting departments**