**Royal College of Surgeons of Edinburgh**

**Jane Goodman Memorial Scholarship**

**In Paediatric Dentistry**

**SECTION 1: PERSONAL DETAILS**

**Name of applicant:**

**Work Address:**

**Home Address:**

**Tel No: Date of Birth:**

**Email Address:**

**Affiliation to The Royal College of Surgeons of Edinburgh (please tick those appropriate)**

**Member:** [ ]  **Fellow:** [ ]  **Affiliate:** [ ]  **of the Faculty of Dental Surgery**

**Member:** [ ]  **Fellow:** [ ]  **Associate:** [ ]  **of the Faculty of Dental Trainers**

**Trainee:** [ ]

**SECTION 2: DETAILS OF INSTITUTION WHERE EDUCATION WILL TAKE PLACE**

**1) Name of Institution:**

**2) Address of Institution:**

**Telephone:**

**E Mail:**

**3) Name of Course / Qualification:**

**Start Date: End Date:**

**4) Proposed Length of Course:**

**5) Format of Course please tick:**

**Part Time:** [ ]

**Full Time:** [ ]

**Modular:** [ ]

**Distance Learning:** [ ]

**Other Please Specify:** [ ]

**6) Total cost of fees £**

**7) Amount requested £**

**SECTION 3:**

**To be completed by Institution**

**This is to certify that INSERT NAME OF APPLICANT is enrolled on a course at PLEASE STATE WHERE leading to a qualification in education.**

**Signed:**

**Name:**

**Position in Educational Establishment:**

**Stamp of Establishment:**

**SECTION 4: PURPOSE OF THE QUALIFICATION**

**Please outline clearly the objectives of your educational endeavour and how you think it will help in your personal development (up to 1000 words).**

**(Continue on a separate sheet if required)**

**SECTION 4**

**A short curriculum vitae is required (maximum one A4 page)**

**The following conditions apply:**

* **the award may only be used for subsidising fees for the course.**
* **Educational qualification must be undertaken after the closing date and retrospective applications will not be accepted.**
* **a report of between 500 and 1,000 words is to be submitted within eight weeks following completion of the qualification.**

**The original of the application together with CV to be submitted to:**

**Mrs Cathy McCartney**

**Research and Grants Co-ordinator**

**Development & Partnerships Office**

**Royal College of Surgeons of Edinburgh**

**Nicolson Street**

**Edinburgh EH8 9DW**

**Tel: +44 (0) 131 527 1618**

**email: c.mccartney@rcsed.ac.uk**

**Closing date: Extended until 10 June 2021**

**(Application and the subsequent report should be typewritten)**

**SIGNED:**

**DATE:**