

**J C MacDougall Travelling Fellowship**

Your membership must be in good standing to apply.

Click [here](https://rcpsg.ac.uk/dentistry/join) to join and email membership@rcpsg.ac.uk with any queries.

**Purpose of the J C MacDougall Travelling Fellowship:**

The primary purpose of this grant is to assist with travel and accommodation to centres abroad, or in the United Kingdom, which emphasise training and experience in Oral Surgery, Oral Medicine or Oral Pathology.

**Eligibility:**
This grant is for Dental Fellows and Members. Only one application per person is allowed.

**Value: -**

One award up of a maximum of £1,500 will be awarded annually.

**SECTION 1 | Please use CAPITAL LETTERS when filling out this form**

**Please ensure that you do not exceed the word count limit or your application will not be considered.**

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| **PERSONAL DETAILS** |
| **Title (please circle)** | Mr / Mrs / Ms / Miss/ Other \_\_\_\_\_ |
| **Last Name (s)** |  |
| **First Name(s)** |  |
| **Address** |  |
| **Country** |  | **Postcode/Zip** |  |
| **Telephone** |  | **Mobile** |  |
| **Email address** |  | **GDC No.(If applicable):** |  |
| **RCPSG PID No.**  |  |

**SECTION 2 | APPLICATION DETAILS – DENTAL/MEDICAL QUALIFICATIONS**

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| **APPLICATION DETAILS**  |
| **Relevant qualifications (please list):** |  | **Date awarded** |  |
|  | Hospital Unit/University Department/of planned visit: |  |
|  | Name of Department Head for planned visit: |
|  | Date of proposed visit: |
| **Please supply us with the following:**

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|  |  Description of proposed visit. (No more than 250 words.) |
|  | Please write a reflective statement of how this travel experience will benefit you, and what your aims and learning outcomes will be (No more than 500 words.) |
|  | Please write a reflective statement of how this travel experience will benefit your own workplace, your colleagues, and your profession. (No more than 250 words.) |
|  | What transferable knowledge/lessons learned would you anticipate, to be able to share with the Faculty of Dental Surgery after your visit? (No more than 250 words.) |
|  | Please give a brief breakdown of your anticipated financial costs. (in £ sterling)(No more than 250 words.) |
|  | That the applicant will have a suitable professional indemnity, if required. |

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**You may wish to also enclose a separate sheet giving further information that you feel will support your application**

**Please confirm and upload the following:**

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|  | Dental Award Peer Reference attached from current supervisor/senior colleague |
|  | Letter of visit approval from Head of Department being visited (dated within the last 12 months). |
| **PLEASE NOTE: The Head of the Hospital or University Department that you plan to visit must support this application. If you fail to produce written support, your application will be invalidated.** |
|  | Details of any ***other financial assistance***for your travel experience*.* ***(If any please give details)*** |
|  | Tick to confirm you have read, understood, and meet the eligibility criteria. |

**Process:**

**The closing date for receipt of application is 22 January. The Board’s decision is final.**

If your application is successful, it is expected that the award will be taken up within 18 months. In addition to providing the J C MacDougall Travelling Fellowship report, to be received within a period of 10 weeks after the visit, the award winner must also provide a 5-minute multi-media presentation on the benefits of the award.

The funds will be awarded on successful completion of your report and your 5-minute multi-media presentation

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| **DECLARATION** |

□ I, the applicant named above, confirm that the details provided in this form are correct.

□I give permission for the success of my application to be published and promoted by the College. The College reserves the right to leverage maximum publicity/press coverage from any activity funded by this award. We ask award winners to provide a photo, biography, and social media links for promotion activities.

□ I have***no other financial assistance***for my proposed travel experience.

Signature: …………………………………………………………………………………..

Date ……………………………………………………………………………………….

**Please return the completed application form with enclosures to:**

Membership Support Team

 e-mail: **membership@rcpsg.ac.uk**

All Information concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the General Data Protection Regulation (GDPR)(Regulation (EU) 2016/679). Such data will be used by the College to administer its relationship with you as a Fellow or Member. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, including the provision of library services (if applicable) or (2) we are required to do so by operation of law. As an individual you have a right under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please email membership@rcpsg.ac.uk





**Dental Awards Supervisor/Peer Reference Form**

Please use typescript or CAPITAL LETTERS when filling out this form

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| **SECTION 1 PERSONAL DETAILS OF REFEREE** |
| **Title (please circle): Mr / Mrs / Ms / Miss** **Other** \_\_\_\_\_\_\_ | **PID:**  |  |
| **Last Name:** |
| **First Names(s):** |
| **Type of reference (please indicate): Supervisor for project Yes/No Peer reference only Yes/No** |
| **SECTION 2 WHO IS THE REFERENCE FOR** |
| **Title (please circle): Mr / Mrs / Ms / Miss** **Other** \_\_\_\_\_\_\_ | **PID(if known):**  |
| **Last Name:** | **Award Applied for:**  |
| **First Name(s):** |

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| **SECTION 3 REFERENCE** |
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| **How long have you known this individual and in what capacity?** |
| **What is your opinion on the worthiness of this project and the perceived gains it will bring?** |
| **In your opinion would this individual be capable of completing this project to a *very high* standard? (explain your response)** |

**Please describe any concerns you have, or factors you are aware of, that might limit the ability to successfully complete this project:**

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