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**APPLICATION FORM**

**T C White International Early Career Dental Scholarship Award**

**Purpose of the T C White International Young Scholarship Award**

The primary purpose is this grant is to support and enable an early career dentist to gain experience in teaching, research **or** clinical practice relevant to their career aims. This may include activities such as visiting a centre of clinical excellence, attending a relevant conference etc.

**Eligibility**

This grant is for international dental members or fellows (working outside the UK) and who are at an early stage of their career. Applicants should be less than 10 years post qualification with their primary dental qualification. Only one application per person is allowed

**Value: -**

The value of the grant is up to £2,000

Please return the completed application form with enclosures to: [membership@rcpsg.ac.uk](mailto:dental@rcpsg.ac.uk)

**SECTION 1 | Please use typescript or 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** |  | **Last Name (s)** |  |
| **First Name(s)** |  | | |
| **Address** |  | | |
| **Country** |  | **Postcode/Zip** |  |
| **Telephone** |  | **Mobile** |  |
| **Email address** |  | **GDC/GMC Nos.  (If applicable):** |  |
| **RCPSG PID No.  (If applicable)** |  | | |

**SECTION 2 | APPLICATION DETAILS – DENTAL/MEDICAL QUALIFICATIONS (IF APPLICABLE)**

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| **APPLICATION DETAILS** | | | |
| **Other relevant qualifications  (please list):** |  | **Date awarded** |  | |
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Please send the following along with this application:

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|  | Applicant’s background/experience relating to project  (No more than 250 words) |
|  | Title, background and aim of your project (No more than 1,000 words) |
|  | A description of what you plan to do (No more than 500 words) |
|  | A description of importance, relevance and anticipated impact of your project. (No more than 250 words) |
|  | A brief breakdown of anticipated costs (in £ sterling)  (No more than 250 words) Your application will be rejected if this is not included |
|  | A reference from your current supervisor or a senior colleague |

Do you have funding for this project from any other source?

 Yes   No

If yes, please specify:

**Process:**

Closing date for Applications to the Dental Faculty: 30 June.

Applicants will be advised of the award decisions by October. The Board’s decision is final.

Applicants who have applied for support from other organisations will not be disqualified from consideration.

**PLEASE NOTE**: If your application is successful, the College will award an upfront payment of up to half of the funding awarded. The balance of funding will be awarded on receipt of an Interim Report, which should be submitted to the College at an agreed time. On completion of the project, a final report must be submitted within 10 weeks of the completed project.

In addition to providing a report, you would be expected to present a 5-minute multi-media presentation on how the award has benefited you, should you be successful.

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| **DECLARATION** | |
|  | I, the applicant named above, confirm that the details provided in this form are correct. |
| Signature …………………………………………………………………………………………………………… Date …………………………………………………………………………… | |

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](mailto:membership@rcpsg.ac.uk)





**Peer Reference/T C White International Early Career Dental Scholarship Award**

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):** | | | |
| **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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