



The Association for
Clinical Biochemistry

APPLICATION FOR AN ACB WALES REGION BURSARY

This application form should be returned at least 6 weeks before
planned activity to:

Mr S J Davis, Treasurer ACB Wales Region, Dept of Clinical
Biochemistry, Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant
CF72 8XR Stephen.Davis@pr-tr.wales.nhs.uk

Full title /name.....Date of birth.....

Work address / telephone number

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Present Appointment.....Qualifications

ACB Membership Number.....

Details of activity for which support is being sought (see guidance
notes below)

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Precise amount applied for £(max £1,500)

Details of proposed expenditure **please attach documentary
evidence**

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Previous bursaries/ date awarded from the ACB
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Please indicate which other sources you have applied to for support and details of any part of the costs which will be covered by Trust study leave expenses or other funding bodies.
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Any other information which may be relevant to this application
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Applicant's signature..... Date.....

If the applicant is **not** the Head of Department, a short supporting recommendation by the Head of Department should be added :
(Note – this may be e-mailed separately to the Region Treasurer from the Head of Department's own e-mail account)

Signature..... Date.....
(Head of Department)