

**T C White Travel Grant Application**

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.

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.*

|  |
| --- |
| SECTION 1 PERSONAL DETAILS |
| Title (please circle): Mr / Mrs / Ms / Miss Other \_\_\_\_\_\_\_ |  |
| Surname: |
| Forename(s) |
| Address: |
|  |
| Country: | Postcode/zip: |
| Telephone: | Mobile phone: |
| Email address: | GDC No. (if applicable) : |
| RCPSG PID No.  |  |

|  |
| --- |
| SECTION 2 APPLICATION FORM |
| Relevant qualifications (please list) | Date Awarded: |
| Hospital Unit/University Department for planned visit:Head of Department for planned visit: |
|

|  |
| --- |
| Date of proposed visit: |

 |
| Description of your proposed visit: (200 words maximum)Personal reflections on the proposed benefits to you. (400 words maximum) |
| Reflections on the proposed impact to your own workplace/work in practice and that of your colleagues. (150 words maximum) |
| What transferable knowledge/lessons learned would you anticipate to be able to share with the Faculty of Dental Surgery after your visit? (150 words maximum) |
| Please give a brief breakdown of your anticipated financial costs. |

|  |
| --- |
| Do you have funding for this project from any other source? □ Yes □ NoIf Yes, please specify:**Applicants who have applied for support from other organisations will not be disqualified from consideration for the T C White Travel Grant** |
| **Please confirm the following:**□ Completed Dental Award Peer Reference – (See Appendix A at the end of this form)□ Letter of visit approval from Head of Department being visited (dated within the last 12 months)□ Tick to confirm you have looked at and meet the eligibility criteria*.***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.**If your application is successful, it is expected that the award will be taken up within 2 years. In addition to providing the report the award winner must provide a 5-minute mutli-media presentation on the benefits of the award.You may wish to also enclose a separate sheet giving further information that you feel will support your application |

**Closing date for Applications to the Dental Faculty: 30 April. Applicants will be advised of the outcome of the Board by August.**

If your application is successful, it is expected that the award will be taken up within 2 years. In addition to providing the T C White Travel Grant report, to be received within a period of 6 weeks after the visitation, the award winner must also provide a 5-minute multi-media presentation on the benefits of the award.

|  |
| --- |
| 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 do not give permission for my application, or my work, to be published. Signature: ………………………………………………………………………………….. Date …………………………………………………… |

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

Dental Faculty Administrator

Royal College of Physicians and Surgeons of Glasgow

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

Appendix A

**Dental Awards Supervisor/Peer Reference Form**

Please use typescript or CAPITAL LETTERS when filling out this form

|  |
| --- |
| **SECTION 1 PERSONAL DETAILS OF REFEREE** |
| **Title (please circle): Mr / Mrs / Ms / Miss** **Other** \_\_\_\_\_\_\_ | **PID(if relevant):**  |  |
| **Surname:** |
| **Forename(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):**  |
| **Surname:** | **Award applied for:**  |
| **Forename(s):** |

|  |
| --- |
| **SECTION 3 REFERENCE** |
|  |
| **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:**