**BGCS Trainees/Students project prize**

**Application Form**

These prizes recognises the contribution of students and doctors in training in the completion of clinical audit, service transformation and small research projects in the field of gynaecological oncology. The application should be supported by a supervisor who is a BGCS member.

Please select the award for which you are applying:

|  |  |  |
| --- | --- | --- |
| Description | Value of award | Select category |
| **Medical student Project Prize** | £100 | □ |
| **O&G Trainee Project Prize** | £250 | □ |
| **Non-O&G Trainee Project Prize** | £250 | □ |

**CONDITIONS**

* The project must have taken place within the last 24 months of the application.
* A detailed project report (maximum 5,000 words) must be submitted to the BGCS Awards Administrator.
* If the project had multiple contributors the details of the applicants contribution must be stated clearly.

**TO APPLY:**

**Please send the following documents to the Awards Administrator by email (**[**administrator@bgcs.org.uk**](mailto:adminstrator@bgcs.org.uk)**). Applications received after the closing date will not be accepted.**

**Details of the closing date are available on the BGCS website (**<https://www.bgcs.org.uk/members-area/awards-grants-and-prizes/>)

* Completed application form
* Project report
* A supporting letter from your supervisor (BGCS member)
* A short CV of primary applicant (maximum of 2 A4 pages).

**Your application will be judged on the following criteria:**

* Structure and clarity
* References
* Value to patients
* Value to the NHS
* Value to personal development

**SECTION 1**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Current appointment (Grade and Institution): |  |
| Work Address: |  |
| Correspondence Address (if different from above): |  |
| Telephone number: |  |
| Email address: |  |
| Date of birth: |  |

|  |  |
| --- | --- |
| Details of role and contribution to the project that is the subject of this application: |  |

**SECTION 2**

**SUPERVISOR**

**Your supervisor must be a BGCS member in active NHS clinical practice**

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Email address: |  |
| Telephone: |  |
| Work address: |  |
| Relationship to applicant: | **BGCS member and supervisor** |

**SECTION 3**

**How did you hear about this award? Please tick all that apply.**

|  |  |
| --- | --- |
| Word of mouth | □ |
| BGCS website | □ |
| BGCS email | □ |
| BGCS newsletter | □ |
| MDT communication | □ |
| Other (provide details) | □ |

**SECTION 4**

**Data Protection**

**I agree that the information provided on this form can be used by the BGCS, and others working with them, for the purposes of the BGCS. I understand my right to ask to see the information held about me by the BGCS. For more information, see our Terms & Conditions.**

**Yes No**

**Consent to Contact**

**I agree to be contacted by BGCS on matters relating to the Society and its activities.**

**Yes No**

|  |  |
| --- | --- |
| **APPLICANT SIGNATURE** |  |
| **DATE** |  |