

BRITISH ORTHODONTIC SOCIETY

THE GEOFFREY FLETCHER PRIZE

Application form

(please type or use block capitals)

SURNAME:

FIRST NAME(S):

ADDRESS FOR CORRESPONDENCE:

CONTACT TELEPHONE NUMBER:

EMAIL ADDRESS:

BOS MEMBERSHIP NUMBER:

Details of Training Programme

PRESENT POST:

PRESENT TRAINING PROGRAMME:

DATE OF APPOINTMENT TO PRESENT POST:

ACTUAL/EXPECTED DATE OF AWARD OF CCST:

TRAINING PROGRAMME DIRECTOR:

ADDRESS FOR TRAINING PROGRAMME DIRECTOR:

HAS PERMISSION BEEN GRANTED BY TRAINING PROGRAMME
DIRECTOR (please include copy):

ADDRESS FOR TRAINING PROGRAMME DIRECTOR

Details of centre(s) where elective is to be carried out

NAME AND ADDRESS:

NAME OF HEAD OF DEPARTMENT:

ADDRESS OF HEAD OF DEPARTMENT:

HAS WRITTEN PERMISSION BEEN GIVEN (please include copy of invitation from head of Department where proposed visit is to take place):

PROPOSED DATES OF ELECTIVE:

GEOFFREY FLETCHER PRIZE

Elective protocol

Please give a 1000 word abstract of your proposed elective including aims

GEOFFREY FLETCHER PRIZE

I agree to abide by the regulations governing the BOS Geoffrey Fletcher Prize.
I declare that I am in good standing with the British Orthodontic Society and my appropriate professional bodies.

Signature:

Date: