



British Association of MR Radiographers

BAMRR Education Grant – Application Form

Name:

Title: Mr/Mrs/Miss/Ms/Dr/Other – please state

Work address:

Telephone numbers: Work

Home/Mobile

Email address:

Title of Project:

Commencement date of project:

Projected completion date of project:

Other funding obtained: Y/N

Justification for grant:

I am currently registered on the MSc programme at:

Signature:

Date:

Please return completed form to: Matthew Benbow, *Superintendent Radiographer*
CT & MRI Dept., Royal Bournemouth Hospital, Castle Lane, East Bournemouth, Dorset, BH7
7DW. Matthew.benbow@rbch.nhs.uk