BCS 2024 Application Form for:
Travel & Accommodation grants for
Allied Healthcare Professionals (AHPs) & Nurses

**Please complete the form and return with proof of your conference registration to** **finance@bcs.com**

**Please note: if successful in your application you are responsible for attending the Annual Conference 2024.**

**NB. Grants will be payable post Conference and subject to verified attendance at the Conference. All applicants are required to submit a copy of their email confirming conference registration at the point of application. Grants are not applicable to those who hold a council/committee meeting /exhibitor pass only.**

1. Name: …………………………………………………………….........................

2. Hospital: ………………………………………………………….........................

3. AHP/Nurse role [Specify your full job title]:....................................................................

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4. Brief statement of how attendance at BCS 2024 will facilitate your clinical practice,

training and/or career progression, and please include your BCS membership number

(Maximum 200 words)