



## Travel bursary application form

Please complete and return to [events@bsecho.org](mailto:events@bsecho.org).

Name	
Membership number	
Job title	
Organisation	
Email address	

Home address	
Distance from event	
Method of travel	
Projected total cost of travel	

Describe the benefit and learning outcomes of this event, and their relevance to your overall development plan	
Please tell us how your attendance at this event will benefit service-users	
How will other members of your department benefit from your attendance at this event?	

Your line manager must sign to confirm that if granted an award, time off to attend has been agreed

Signed		Date	
Print name			



# British Society of Echocardiography

Office use only

Awarded (£)		Date	
Assessor		Signed	