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**ART Award Application**

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| **Name**  |
| **Email address** |
| **Status Anaes trainee / Med student** |
| **Base Hospital (if applicable)**  |
| **Consultant referee**  |
| **Proposed use of award** |
| **Location(s)**  |
| **Local co-ordinator(s) if relevant** |
| **Proposed starting date and duration**  |

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| **Please outline how the award will be used, including details of your own involvement (250 words max.)**  |
| **Detailed breakdown of costs. State other sources of funding (potential or actual). Has local funding been applied for?**  |

**Please send a digital copy to Malcolm Broom Malcolm.Broom@ggc.scot.nhs.uk**