**PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND PART B**

# INTERNATIONAL COLLABORATIVE AWARD APPLICATION

**NB** **One copy of Part B should be completed for each applicant (Britain/Ireland & Other)**

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### CANDIDATE’S NAME:

**(In full, surname first)**

Instruction to applicant. Please pass this sheet to your present Head of Department. This completed Part B must be uploaded when making your grant application

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HEAD OF DEPARTMENT. The above-named candidate has applied for a Pathological Society International Collaborative Award Grant. Please upload this form with your on-line grant application

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1. **Candidate’s suitability to complete an International Collaboration:**

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1. **Your assessment of the proposed work and its appropriateness to be carried out in your department:**

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1. **Name of Head of Department:**

**Address:**

**Tel:**

**Fax: e-mail:**

**I agree to the proposed work being performed in my department and if the application is successful**

**will inform the Society of the name of the supervisor of the work prior to the grant being paid.**

**Signature: Date:**