



**Application Form for BAMRR Education Grant**

Name:

Title:

Work address/contact details

Title of project:

Commencement date:

Projected completion date:

Other funding obtained: Y/N

Justification for grant:

Signature.....

Date.....

Please send to Gail Darwent, BAMRR Education Committee, University of Sheffield MRI Unit, Floor C, Royal Hallamshire Hospital, Sheffield, S10 2JF or email this form to [education@bamrr.org](mailto:education@bamrr.org)