**Orthoptic Education Fund**

Application Form

1. Applicant’s details

Name:

Address:

Telephone:

Email:

BIOS Membership Number:

Place of work or study:

2. Grant details

a. Amount Requested

|  |
| --- |
|  |

b. What will the grant be used for? (max. 150 words)

|  |
| --- |
|  |

c. How will this grant advance the study or practice of orthoptics? (max. 150 words)

|  |
| --- |
|  |

d. Have you made an application to any other organisation for funding?

Please provide details.

|  |
| --- |
|  |

I have read the terms and conditions (available on the BIOS website) and if my application is successful, I agree to abide by them.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return application forms to oef@orthoptics.org.uk**