

**CLINICAL ELECTIVE FUNDING**

**COVER SHEET**

# DEADLINE 12 MARCH

*(Please print clearly)*

|  |  |
| --- | --- |
| SURNAME | FIRST NAME |
|  |  |
|  |  |
| Email |  |
| Course and study year |  |
| Clinical/Undergraduate |  |
| Location of Project |  |
| Title/purpose of Project |  |
| Amount requested |  |

*Enclosure Checklist (for office use only)*

|  |  |
| --- | --- |
| Coversheet |  |
| Up to date version of curriculum vitae |  |
| Statement of purpose |  |
| Estimate of costs |  |
| Statement of financial position |  |
| Reference |  |