

Application form for The John Hamilton Training Grant

I, Dr/Prof

a fully paid up member of the South African Society of Otorhinolaryngology Head and Neck Surgery and being in full time state hospital practice wish to apply for this grant to attend:

Course or Event

In (Country or City)

On (date)

I am attached to the University of Or

I am in an unattached state hospital at

I understand and accept the conditions and limitations of this grant as laid out in the information sheet on The John Hamilton Training Grant.

Signature

Date

Place