



THE SOUTH AFRICAN SOCIETY OF OTORHINOLARYNGOLOGY
HEAD AND NECK SURGERY

APPLICATION FORM FOR THE JOHN HAMILTON TRAINING GRANT

I, Dr/Professor, Professional Number

(HPCSA no.) hereby wish to apply for this Grant in order to attend:

- Course or Event
- In (Country / City)
- On/between (date/s)

I attach hereto:

- Full details of the Course / Event
- Documentation of the expenses relating to the Course / Event
- A personal letter of motivation as to why I should receive the Grant
- 2 references in support of my merit for receiving the Grant
- Details of other University / Departmental / Hospital financial support received

In signing this form I confirm that:

- I am a paid-up member of the SA Society of Otorhinolaryngology / Head and Neck Surgery
and my SA Society of ORL-HNS membership number is
- I am attached to the ORL training unit of the University of
- OR
- The unattached state hospital of

I have read, 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

Kindly email Janette, admin@entsociety.co.za