

## BGS Movement Disorder Section Grant



The British Geriatrics Society Movement Disorder Section is pleased to offer grants in support of small research, quality improvement and innovation projects in the field of older people with movement disorders.

The value of the grant awarded shall *generally* be in the region of £100 - £2000.

### Conditions of the award

The grant will be awarded twice yearly at the discretion of the BGS MDS committee. The application deadlines shall be 31<sup>st</sup> July and 31<sup>st</sup> December to allow adjudication at the twice yearly BGS MDS committee meetings.

The value of the grant shall be at the discretion of the BGS MDS committee and the adjudication process is final.

The grant shall be used solely for the purpose set out in the application process.

The applicant must be a member of the British Geriatrics Society Movement Disorder Section (see <http://www.bgs.org.uk/join-a-group/sections/specialinterest/how-to-join-a-special-interest-group>)

The applicant must agree to dissemination of their work by presenting their project at a BGS MDS meeting following completion of the project.

Acknowledgement of the BGS Movement Disorder Section Grant must be made in any publication and/or presentation.

The applicant agrees to submit a short blog article (250 – 300 words) outlining the benefits gained from the grant.

Please complete the application form and return to: [scientificofficer@bgs.org.uk](mailto:scientificofficer@bgs.org.uk)

### Applicant's details

Name	
Correspondence address	
Email address	
Telephone number	

## BGS Movement Disorder Section Grant



Applicant's details continued

Profession	
Grade or year of training	

Project supervisor's name	
Correspondence address	
Email address	
Telephone	

## Project details

Please outline in up to 750 words i) details of your project ii) the amount applied for and how it is anticipated the funds would be used iii) how this project will benefit older people with movement disorders

I confirm I am a member of the BGS Movement Disorder Section & agree to the conditions stipulated on page 1 of the application form

Signature

**BGS MDS use only**

Date application received:

Amount applied for: £

Approved                      Declined

Signature on behalf of BGS MDS committee

Amount awarded: £

Date approval letter & cheque sent:

Cheque number:

Date follow up testimonial report received:

Date for presentation of work at BGS MDS meeting:

OR letter declining application for Grant sent: