Association of Clinical Pathologists

ACP STUDENT RESEARCH AWARD 2026

Name:		
Address:		
Interest in laboratory medicine & reason for choosing this project (400 words). Please attach a copy of your CV		
E mail:		
Telephone no:		**Fax no:**
Type of grant	**Small project** (Limited to £1000 for costs of study/project only)	
	BSc/BMedSci/Other Please specify (Up to £5000 for living expenses)	
Travelling expenses	**Breakdown:** (please provide as accurate a figure as possible) **Sub total**	
Living expenses	Accommodation Food Commuting expenses **Sub total**	
Study expenses	Tuition Books Bench fees Consumables **Sub total**	

	The Association does not normally fund the purchase of equipment
Total funding required	

Please provide details of any other funding sources and the amount forthcoming	
Total required from the ACP	

Details of the study/ development to be undertaken/training programme: (attach details or continue on further page if necessary)	***Title*** ***Hypothesis*** ***Brief outline of experimental design*** ***Likely outcome*** ***References***
Date project started or Is expected to start/run	
Contact name and address of host department	
Reasons for choosing this host department and the subject to be undertaken	

Anticipated benefit to career and to clinical service: (attach details or continue on further page if necessary)	

Signature of applicant: _____ Date: _____

Countersignature of supervisor: _____ Date: _____

Are you a member of ACP Council or The Education Committee?

Are you aware of any similar grant made to your institution in the past 5 years?

If so, please provide details of the most recent

Student

Supervisor

Title

Check list

CV

Letter of support from supervisor

Is your supervisor a member of the ACP? **Yes** ☐ **No** ☐

Please return completed form by email to:

info@pathologists.org.uk