*Closing date: Monday 1st August 2022 (extended from 1st July)*

*Six awards of £500 each*

The Patrick Trevor-Roper Travel Award was established in 1997 with a gift of £20,000 by Mr Patrick Trevor-Roper MD FRCS FRCOphth.

The Royal College of Ophthalmologists has undertaken the role of trustee and administrator for the fund.

Applications are invited for this award in Ophthalmology, which is open to all undergraduate medical students – from the United Kingdom and Ireland only – with an interest in the specialty. There are three individual awards to be made annually, each for the sum of £500. The money may be used to fund electives in Ophthalmology and may be spent on travelling or subsistence.

**The Patrick Trevor Roper Award is awarded every year for electives to be carried out in the 12 months following the closing date.**For 2022 only an exception is being made to this rule and any elective starting in 2022 will be accepted. This is due to previous travel restrictions.

Successful candidates will be required to prepare a short written report at the end of the electives. Reports will be published on the College website unless successful candidates request in advance to opt out. The RCOphth may contact the winner for future promotional activities.

**To mark the 25th Anniversary of the Patrick Trevor-Roper Award in 2022 there will be six rather than the usual three awards on offer.**.

Please email an electronic version of your completed application form and CV to: [education@rcophth.ac.uk](mailto:education@rcophth.ac.uk)

*Closing date: Monday 1st August 2022 (extended from 1st July)*

**The Patrick Trevor-Roper Undergraduate Award 2022**

**Application Form**

*Closing date: Monday 1st August 2022 (extended from 1st July)*

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Email Address** |  |
| **Mobile Number** |  |
| **Address for correspondence** |  |
| **Medical School** |  |
| **Year of Study** |  |
| **Date of Elective** |  |
| **Brief description of elective or project**  *(The department / unit you will be visiting; the name of the trainer / mentor; a brief description of what you hope to achieve)* | |
|  | |
| **THIS SECTION IS TO BE COMPLETED BY**  **THE DEAN OR THE MEDICAL SCHOOL** | |
| **Name** |  |
| **Medical School** |  |
| **Address for correspondence** |  |
| **Email Address** |  |
| **Statement of support** |  |
|  |  |
| Signed by Dean  Date |  |
| Signed by Applicant  Date |  |