

Assessors Form for an EAOAG Educational Bursary

Applicant Name

Date of application

Application eligibility

	Yes	No
Does the application meet eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>
Is there a letter of support from a consultant in the EAOAG region	<input type="checkbox"/>	<input type="checkbox"/>
Is the application relevant to the field of obstetric anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Has the application form been completed correctly	<input type="checkbox"/>	<input type="checkbox"/>

Application quality

	Yes	No
Will the applicant be an active participant (e.g presenter)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the meeting/course/elective location:	regional	<input type="checkbox"/>
	national	<input type="checkbox"/>
	international	<input type="checkbox"/>
Is the meeting/course/elective:	exceptional/unusual	<input type="checkbox"/>
	meritorious/uncommon	<input type="checkbox"/>
	routine/common	<input type="checkbox"/>
Is the potential educational experience :	exceptional/unusual	<input type="checkbox"/>
	meritorious/uncommon	<input type="checkbox"/>
	routine/common	<input type="checkbox"/>
Has the applicant made a good case for being awarded a Bursary	<input type="checkbox"/>	<input type="checkbox"/>

	Very favourable	Favourable	Neutral	Unfavourable
Overall impression of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date