

BURSARY APPLICATION FORM

HTLV Conference 2026

Please complete and return to kirsty@medivents.co.uk

Personal details

First name _____

Surname _____

Institution _____

City _____

Country of residence _____

Please complete both boxes below

****Please attach a letter of support from your current supervisor (students) or line manager.**

1. A brief description of your experience in HTLV research/care, please include how you will contribute to the conference (maximum 200 words).

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2. A description of how you would benefit from this bursary (maximum 150 words).

Please include how you could help increase awareness of HTLV after the conference either within your department or with other trainees, such as a grand round presentation, a trainee learning event, or a department meeting or a research project.