



Rank Prize Bursary Application Form

Title	>
First name	
Last name	
University	
Email	

Academic Qualifications		
Are you a member of the Institute of Physics	Yes	No
Details of current studies		
Name and address of laboratory or institution where the applicant is at present working		
Is financial support being sought from other sources?	Yes	No
If so, from whom and how much? £		
If you have submitted an abstract for Photon 2022, please include the title		

Signature of applicant	
Date	
Name of supervisor or head of department	
Email address for supervisor or head of department	

Please return this form to **claire.garland@iop.org** with a supporting letter from your supervisor or head of department