**Polish School of Medicine and Boloz-Kulesza Trust Fund Scholarships Report Template**

**A. Background Information**

**1. Name of Scholarship Awarded**: (Please circle as appropriate)

**Polish School of Medicine Memorial Fund / Boloz-Kulesza Trust Fund**

**2. Your Name**:

**3. Your contact e-mail address in Poland:**

**4. Polish Medical University/ Research Institute and Department in which you work:**

**5. University of Edinburgh Course attended & dates of the course:**

**B. Your aims and objectives:**

**1.** **What did you personally hope to achieve by coming on the course and if appropriate what did you think your university/department might benefit from your attendance?**

**2. To what extent were you able to meet your personal objectives?**

**3. How will you use the information you gained on the course?**

.

**3. Are there any other comments you wish to make?**

Please return your report (preferably by e-mail) within 1month of completing your course to:

Dr Maria Dlugolecka-Graham MBE

Polish School of Medicine  Coordinator for The University of Edinburgh

MTO Office, 2nd floor

Chancellor's Building

49 Little France Crescent

Edinburgh EH16 4SB UK

**e-mail: maria.graham@ed.ac.uk**