Travel Grant

Application form

Updated 20 March 2024

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| Your details  |
| Principal Applicant Name [title, first name, last name]Please enter your full name |  |
| Membership number  |  |
| Membership category  |  |
| Current positionPlease briefly describe your current position and give an indication of how long you have been in that role |  |
| What is your professional address?Department, institution, town/city and country |  |
| Work telephone number |  |
| Please enter your preferred contact number if different |  |
| Work email address |  |
| Please enter your preferred email address if different |  |

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| Proposal  |
| Name of primary conference, event or meetingPlease give in full LocationCity and countryWho is running the conference, event or meeting?Please give name of the society, organization or individual (e.g. Society for Endocrinology)Start dateConference, event or meeting start dateEnd dateConference, event or meeting end datePlease confirm the following by selecting one option (delete as necessary):* I have an accepted abstract for the conference
* I plan to submit an abstract and understand that its acceptance is a condition of this grant award
* The event does include a call for abstracts, but I do not plan to submit an abstract
* The event doesn’t have invited abstracts

Are you undertaking any additional work-related visits included in this period of travel?If you are incorporating any additional work-related activities or visits while travelling to the primary event, please give brief details and approximate travel dates. Maximum of 200 wordsHave you attended SfE BES, at least once, in the past three years? Please indicate below:To be considered for a grant for international travel, applicants are expected to have attended the Society’s annual conference SfE BES at least once in the last three years.SfE BES 2021 (Edinburgh) YES/NOSfE BES 2022 (Harrogate) YES/NOSfE BES 2023 (Glasgow) YES/NOPlease explain the benefit of this grant to the applicant Maximum of 100 words If necessary, please use this space to include details of any mitigating circumstances that you would like to be considered (e.g. career breaks, change of field etc.)  |
| Costs  |
| Are you requesting the total amount or a grant-in-aid to cover part of the proposal?Total/grant-in-aidEnter the amount requested£Please provide an itemised breakdown list of costsProvide a justification of these costsDo you have any other sources of funding for this specific proposal?Please give details and provide evidence of matched funding arrangements, if appropriate |

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| Declaration |
| Please confirm that the use of the funding will conform to all legal, ethical and Home Office approvalsYes/no/not applicable If applicable, what legal, ethical and Home Office approvals do you have in place or are you applying for? Please give detailsPlease list all current approvals and those you intend to apply for. Give reference numbers if applicable. Have you been awarded this grant before?Yes/no Please confirm that your post will outlast the proposed completion date of the grant you are applying for? Yes/no. If no, please explainDo you consent to the Society storing your submitted data for the application process?Yes/no In order to evaluate your application, the data that you submit via this form will be shared with the Grants Panel, relevant Society members and staff working for the Society for Endocrinology. We will store your data securely and only authorized personnel will be able to access it. If your application is unsuccessful we will delete your application data from our systems one year from the deadline for this grant. If your application is successful, we will hold your application data for 7 years in order to administer the grant and subsequent impact reporting.  |

I declare that the information submitted in this grant application is true and that I understand the terms and conditions of this award.

Primary Applicant name

Primary Applicant Signature

Date