

POST GRADUATE TRAVEL GRANT APPLICATION

PERSONAL DETAILS

Date: _____

Name: _____

Email: _____ Telephone Contact: _____

Department: _____ Year of Study: _____

Supervisor: _____ Email: _____

BUSINESS PURPOSE

Details (please include Title, Location, Dates, Presentation Style):

Estimated Costs (please include Travel, Accommodation, Registration etc):

Details of any previous SOMS Travel Funding Support:

OTHER FUNDING

Funding is available to you via the Graduate Research School PRSS initiative, please view details at:

<http://www.grs.unsw.edu.au/resources/prss.html>

Have you applied to the GRS for Funding for this Opportunity?

Yes

No

If so please attach a copy of your application. If you have not/do not intend applying please briefly state why not. Please also detail (source and amount) other funding received or applied for to attend this meeting – such as Society Support.

OTHER CIRCUMSTANCES

If you do not fulfil the requirements for a SOMS PG Travel Grant, but believe there are extenuating circumstances for your being awarded travel support, please briefly state your case for funding (attach sheet).

By signing and submitting this form you agree that you meet the criteria for a SOMS Post Graduate Travel Grant and that the requested funds will be used for the purposes stated in this form – see full details at

<http://medicalsciences.med.unsw.edu.au/somsweb.nsf/page/Postgraduate+Travel+Grants>

Please tick the following to confirm you are:

Currently enrolled as a postgraduate research student (masters or doctorate in the School of Medical Sciences) and

Be the first and presenting author of a talk or poster at the conference, with the abstract cited in the conferences proceedings and must acknowledge the students affiliation with the School of Medical Sciences

Student Signature: _____

SUPERVISOR

I agree to this postgraduate travel and support the conference/academic forum that this student will be presenting at.

Name:

Date:

Supervisor Signature: _____

OFFICE USE

Research Administrator:

Name:

Date:

Confirmation of previous Travel Grant funding from SOMs:

Signature: _____

Chair Research Committee:

Name:

Date:

Approved: Yes

No

Amount to be Awarded: \$

Comments (if required):

Signature: _____