

HIS TRAINEE BURSARY CLAIM FORM

Please note only **HIS Members** are eligible to apply for Trainee Travel Bursaries.

HIS Membership is free for Trainees and application is via the HIS website

All Trainee Member Delegates attending the HIS Education Programme Days may be eligible for an **Travel Bursary up to the value of £50.00 to subsidise travel costs to attend**. This will be a reimbursement of travel costs already incurred by you. You are eligible if:

1. Your claim is solely for travel costs to attend the event named in the form below (if you do not intend to take your return journey directly after the event, please provide a cost comparison and justification)
2. Your residence or place where you started your journey is a minimum of 50 miles/80Km from the training day venue.
3. You make your claim within one (1) month of attending the event, and provide adequate receipts (these must detail your start and end points plus date and cost of travel).
4. The Society is a charity with limited funds and has a responsibility to ensure that funds are used in the most cost-effective way, therefore rail travel must be at standard class and with the cheapest ticket type possible. (Where an Anytime rail ticket has been purchased, the Society reserves the right to request justification for the purchase and cost)
5. Mileage allowances for delegates travelling by car will be at a rate of **45p** per mile.
6. Where private transport is used, it is assumed that an adequate insurance policy to cover business use is in place and that the vehicle is in a roadworthy condition.

Your Name:	
Training Day Date/Venue:	
Your Contact Details – Email/Mobile:	
Your Address/Journey Start address:	
I confirm I am a HIS Member: HIS Membership Number:	Yes / No [If no, your claim will not be eligible]
I confirm that my residence is a minimum distance of 50 miles / 80 km from the event venue:	Yes / No [If no, your claim will not be eligible]
Method of travel:	Public transport <input type="checkbox"/> Private transport <input type="checkbox"/>
Mileage where private car is used	
Amount claimed (up to a maximum of £50.00). Please attach copies of all receipts for travel :	
Please provide any further information relating to your claim	

Payment information (where the reimbursement of expenses is to be remitted)

Name of Bank:	
Bank Address / Branch Address:	
Account Number:	
Sort code:	
Account Name:	
IBAN No:	
BIC No:	

If your claim is eligible, we aim to reimburse you within 10 working days of receiving your claim form.

Please Complete and Return to:

finance@his.org.uk

Or

Post to the Healthcare Infection Society, 162 Kings Cross Road, London, WC1X 9DH.

For Office use: Eligible Yes/No

Authorised by: