## **Travel Grant Application**

## Instructions to Applicants

1. Travel Grants are awarded at the discretion of HIS and are primarily intended to enable trainees and junior members of staff to attend meetings of educational benefit, where they are presenting work.
2. Applications are only open to HIS members. Individuals must be elected as HIS members before the date of the conference or event.
3. Applicants are asked to provide their abstract and confirmation of acceptance as part of the application submission, as such applications without this information will not be accepted.
4. In extenuating circumstances, applications from more senior staff including consultants will be considered, but adequate justification will be required in the application and HIS must be contacted prior to application.
5. The size of the grant awarded will not normally exceed £750.  The awards are intended to contribute to travel, accommodation, subsistence expenses and registration fees.
6. The recipient will be expected to acknowledge the contribution of the society in their presentation, provide a written report (for those who are not presenting, a report on topic of a particular interest to both the recipient and the Society) which will be reviewed by the Grants secretary and may be used in the members’ newsletter.
7. If the travel grant is to support attendance at a short course or workshop, the programme must be included, alongside an explanation of how the course relates to the Society’s objectives and supports the applicant’s career development.
8. Recipients of HIS Travel Grants will not be eligible for a further Travel Grant within 2 years of a successful application.
9. Travel grant applications may be submitted at any time up to 2 weeks prior to the event, but claims for reimbursement must be made retrospectively & include complete receipts and costs associated with the event within 90 days.
10. Travel grants are awarded for particular conferences and only for the presentation of data within the topic of healthcare associated infection. They may not be substituted for a different conference. If a conference is cancelled or the applicant cannot attend, the award is cancelled, HIS should be informed and any fund received reimbursed to HIS.
11. Applications from more than one individual within the same research team/lab/clinical unit to attend the same conference (even if presenting different work) will not be accepted.
12. Submission of this application indicates acceptance of the terms and conditions.

The completed application form and additional information must be submitted in a merged **PDF or word document** format by **email only** to the current Grants Secretary at grants@his.org.uk.

For further information contact: Dr Gemma Marsden via Tel: 020 7713 0273 or E-mail: grants@his.org.uk

## Application Form

Please read the Instructions to Applicants before completing this application.

|  |
| --- |
| 1. **Name of applicant:**
2. **HIS Membership Number:**
 |
| 1. **Present appointment:**
 |
| 1. **Office Address:**
 |
| 1. **Title of conference or workshop (give details overleaf)**

 **Poster/Oral Presentation** [ ]  **Attendance**[ ] **Please provide confirmation that the abstract has been accepted by the conference secretariat** |
| 1. **Date of event:**
 |
| 1. **Could the proposal proceed with partial funding?** Yes/No
 |
| 1. **Amount requested (to a maximum of £750)**
 |
| 1. **Please list the sources from which you have either already sought or intend to seek funding:**

Note: Documentary evidence that additional funding has been solicited (and its current status) must be provided in an appendix to this application. |
|  **Requested:** |
| **Received:** |
| **Promised:** |
| 1. **Does this proposal have the backing of your Head of Department?** Yes/No
 |

**The proposal must be succinctly described and funding justified (maximum 500 words). Please type or print using black ink in the space below.**

|  |
| --- |
|  |

**Please include a breakdown (ie travel, accommodation, registration fee) of costs:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Fee** |  | **Travel** |  |
| **Accommodation**  |  | **Other Expenses** |  |
| **Total:** |  |  |  |

Please list any attached documents:

Applicant’s signature Date: