## **FIS│HIS Travel Grant Application**

## Instructions to Applicants

**Complete applications must be received by 1 August 2022 23.59 BST**

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 FIS│HIS where they are presenting work.
2. Applications are only open to HIS members. Individuals must become HIS members before their travel grant application.
3. Applicants are asked to provide 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 for FIS│HIS international is a maximum of £1000.  The awards are intended to contribute to travel, accommodation, subsistence expenses, registration fees and childcare. For the virtual day (September 26), only a maximum registration fee of £150 can be claimed.
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 Research Committee and may be used in the members’ newsletter.
7. Recipients of HIS Travel Grants will not be eligible for a further Travel Grant within 2 years of a successful application.
8. Claims for reimbursement must be made retrospectively & include complete receipts and costs associated with the event within 90 days.
9. FIS│HIS Travel grants are awarded for FIS│HIS only 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.
10. 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.
11. 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 [grants@his.org.uk](mailto:grants@his.org.uk?subject=travel%20grant%20application).

For further information contact: Dr Gemma Marsden via grants@his.org.uk

|  |  |
| --- | --- |
| 1. **Name of applicant:** | 1. **HIS Membership Number:** |
| 1. **Present appointment:** | |
| 1. **Office Address:** | |
| 1. **Presentation title and number** 2. How are you planning to attend?   **In person (22 -23 September)  Online (26 September)  Complete event (22, 23 & 26 September)**   1. As a: **Poster/Oral Presentation  Attendee** | |
| 1. **Could the proposal proceed with partial funding?** Yes/No | |
| 1. **Amount requested (to a maximum of £1000 for in-person attendance at** FIS│HIS**)** | |
| 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 | |
| 1. **The proposal must be succinctly described, and funding justified (maximum 500 words). Please type or print using black ink in the space below.** | |
| 1. **Please include a breakdown (ie travel, accommodation, registration fee) of costs:**  |  |  |  |  | | --- | --- | --- | --- | | **Registration Fee** |  | **Travel** |  | | **Accommodation**  **Total:** |  | **Other Expenses** |  | |  |  |  |  | | 1. Please indicate any attached documents  **Abstract acceptance  Additional funding Other (please list)** | | | | | | 1. Applicant’s signature Date: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |