**APPLICATION FOR CONFERENCE ATTENDANCE GRANT (Previously ‘Travel Grant’)**

**Eligibility criteria**

|  |
| --- |
| **I confirm I understand the criteria below** |
|  | Awards will be for a BSPED Annual Meeting only  |
|  | Awards will be up to £250  |
|  | Applicants must be a current BSPED member |
|  | Applicants must be a presenting author at the meeting  |
|  | No applications will be considered from Consultant members  |
|  | Late applications will not be considered |

**This application must be received by Thursday 5th September 2024**

**Please type your details below and ensure your application form is sent in Word format**

**Name**:………………………………………………………………….…….**Institution**:…………………………….……………………………………………..

**Email address**:……………………………………………………………………………………………………………………………....………………………….

**I confirm I am a member of BSPED and my membership number is** ………………………..

(*Please note that you must be a BSPED member to be eligible. Your membership number can be found quickly by logging into your member profile:* [*https://members.bsped.org.uk/*](https://members.bsped.org.uk/)*. Please note that it can take up to 7 working days to process your membership application during the busy period in the run-up to the meeting. Therefore you must ensure that you have applied to be a member at least 7 working days before applying for an Attendance Grant to guarantee you will have a membership number in advance.)*

**How will you be participating in the meeting? E.g. oral/poster presentation (give details)**

…………………………………………………………………………………………………………………………………………………………………………………

Details of total costs of event:

|  |  |
| --- | --- |
| Registration | £ |
| Travel | £ |
| Hotel | £ |
| Subsistence | £ |
| Other (please state) | £ |
| **Total** | **£** |

**Please provide details of any additional sources of funding being sought**:

……………………………………………………………………………………………………………………………………………………………………………….

**Total funding requested from BSPED**:…………………………………………………………………………………………………………………….

**Have you had previous travel grant funding from BSPED?** Yes/No

(If Yes, please give details e.g. amount, date, meeting name)

……………………………………………………………………………………………………………………………………………………………………………….

**Signature of applicant**:………………………………………………………………….**Date**:……………………………………………………………….

**Return completed (typed, Word format) form by email to: Dr Fiona Regan, BSPED Treasurer, at Fiona.regan@gstt.nhs.uk by Thursday 5th September 2024.**

**Please allow up to 2 weeks after the closing date for a response.**

**Please return all receipts to the Treasurer by Thursday 17th October to enable payment.**

Should your application be successful, payments will be made by bank transfer. Please provide bank details below:

|  |
| --- |
| UK Bank account: |
| Name of bank: |  |
| **Account in the name of:** |  |
| **Account number:** |  |
| **Sort Code:** |  |
| **International bank accounts only:** |
| **BIC/SWIFT code:** |  |
| **IBAN number:** |  |
| **Your bank address:** |  |
| **Your home address:** |  |