

**Neurosurgery Conference Award**

**Travel to UK, Neurosurgical Clinician-in-Training Award**

**Application Form**

**About you**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text. |
| First Name(s) | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number (include international dialling code) | Click or tap here to enter text. |
| Country of Training | Click or tap here to enter text. |
| Neurosurgical training centre name | Click or tap here to enter text. |
| Neurosurgical training centre address | Click or tap here to enter text. |
| How many complete years of Neurosurgical Training will you have done on the proposed travel date? | Click or tap here to enter text. |
| When will you finish training? | Click or tap to enter a date. |

**Details of your proposed UK or Ireland Conference**

|  |  |
| --- | --- |
| From (date) | Click or tap to enter a date. |
| To (date) | Click or tap to enter a date. |
| Conference Name | Click or tap here to enter text. |
| Conference location | Click or tap here to enter text. |
| Title of abstract accepted for oral presentation | Click or tap here to enter text. |
| Name of your first local / home supervisor  | Click or tap here to enter text. |
| Job title of your first local / home supervisor  | Click or tap here to enter text. |
| Email of your first local supervisor | Click or tap here to enter text. |
| Name of your second local / home supervisor  | Click or tap here to enter text. |
| Job title of your second local / home supervisor  | Click or tap here to enter text. |
| Email of your second local supervisor | Click or tap here to enter text. |
| English language proficiency | Choose an item. |

**Application details**

Please tick to confirm:

[ ] My abstract has been accepted for oral presentation at the proposed conference

[ ] I have a bank account that will accept electronic transfer payments

1. **What are your reasons for applying for this grant? (approx. 500 words)**

|  |
| --- |
| Click or tap here to enter text.  |

1. **What benefit to your training and home Neurosurgical Unit do you believe you will gain from attending the proposed Neurosurgical conference in the UK or Ireland?**

|  |
| --- |
|  Click or tap here to enter text. |

1. **Please detail any additional information including any other sources of funding.**

|  |
| --- |
|  Click or tap here to enter text. |

**Please also include the following documents with your application:**

* Evidence that your abstract has been accepted for oral presentation at your proposed conference
* Two references, one of which must be from your head of department
* Surgical logbook summary and curriculum vitae

**Budget**

We will consider coveringtravel (economy class), reasonable accommodation, and conference registration costs for the trainee but not for any accompanying individuals. Conference costs outside of the usual grant covering as set out above may be considered at the discretion of the committee, provided they do not exceed £1,500. Payments will only be made to a bank account that can accept electronic transfer of funds.

|  |  |  |
| --- | --- | --- |
| Description | Category | Cost |
| *e.g. (please delete)* *Return economy fare flight Nairobi 🡪 LHR* | *Travel* | *£1,500* |
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| *Total*  | Click or tap here to enter text. |

**Declaration**

I confirm that

* The information on this form is correct and complete.
* I have the support of my local trainers.
* I am the presenting author.
* I will write a short report for the SBNS Global Neurological Surgery Committee on completion of my trip, including details of my learning and experience, and I understand that this may be published.
* I will inform the SBNS Global Neurological Surgery Committee if my plans change and I understand that this may result in any award being withdrawn.
* I understand that if my award is withdrawn I may be required to refund any funds that I have received.

|  |  |  |
| --- | --- | --- |
| **Your name** | **Date** | **Signature** |
| Click or tap here to enter text. | Click or tap to enter a date. |   |