|  |  |
| --- | --- |
| PaLS Student Conference Fund Application  *Please read the regulations[[1]](#footnote-1) carefully before completing this form. Please complete all sections, save as a Word File and send to* [*j.draper@ucl.ac.uk*](mailto:j.draper@ucl.ac.uk) *by email along with any supporting documentation. Incomplete applications will have to be returned*  NB To check boxes, double click and set ‘default value’ to checked | **CHECKLIST**  *The abstract and supporting documentation have been seen and verified (Department to confirm)*  *Have supporting statements been provided by the Supervisor and Head of Department?* |

1. Personal Details

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Family name: |
| Department: | | |
| Email: | | Tel. no: |
| Please state any Scholarships/Studentships held: | | |

Please give details of your current research degree registration:

|  |  |
| --- | --- |
| Current Degree: | Subject: |
| Date of Registration: | Full or Part-time |
| Full name of Principal Supervisor: | |

2. Proposal

|  |  |  |
| --- | --- | --- |
| Name of conference: | | |
| Location: | Date From: | To: |
| Are you presenting a PAPER?  Yes  No | Are you presenting a POSTER?  Yes  No | |
| If Yes to either, please provide a copy of your abstract AND documentation outlining acceptance of paper / poster for presentation to your supervisor/Head of Department for verification.  If No, please state your participation (please attach relevant documentation AND proof of registration): | | |
| Please state how your request is relevant to your research: | | |

3. Previous Awards

Please list any previous awards received from the PaLS Student Conference Fund:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of conference | Location | Award Reference or date of application | Amount received |
|  |  |  |  |

4. Estimated Costs & Contributions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COSTS** | | | | |  |
| Exchange Rate (if applicable - please use the [www.xe.com](http://www.xe.com) currency converter): | | | | | £1 = |
| Travel: (please give details) | | | | |  |
| Total Travel: | | | | | £ |
| Conference Fee: | | | | | £ |
| Accommodation | | | | | £ |
| No. of nights: |  | Cost per night: |  | Total Cost: |
| Subsistence: | | | | | £ |
| No. of days: |  | Cost per day: |  | Total Cost: |
| Total Estimated Expenses: | | | | | £ |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTIONS** | | |
| **Assured contributions (please give details where necessary):**  Applicants are advised to apply to external bodies, where appropriate. | | £ |
| Departmental contribution (please ensure amount has been arranged with your department): | | £ |
| Amounts assured from other organisation(s) (please give source and amount): | | £ |
| Total Assured Contributions: | | £ |
| Contributions requested but not yet assured:  Organisation(s) applied to (please give source and amount): | Date of decision: | Amount requested: |
|  |  |

|  |  |
| --- | --- |
| **AMOUNT REQUESTED FROM PaLS GRADUATE FUNDING:** | £ |
| APPLICANTS: Please forward this form to your Supervisor and Head of Department for endorsement. | |

5. Supervisor’s Endorsement

|  |
| --- |
| Full name of Supervisor: |
| Department: |
| Email: |
| Supporting Statement:   * Please indicate the relationship of the proposed trip to the student’s thesis. * If the student is in her/his final year, will s/he complete by the end of the Completing Research Student period?  Yes  No |

6. Head of Department’s Endorsement \*

|  |  |
| --- | --- |
| I support this application:  strongly  moderately   * A statement is required: | |
| The Department is willing to contribute: | £ |
| *NB Matching contributions from the department or other sources (not including personal funds) will be expected.* | |
| Name: | |
| Email address: | |
| NOTES: | |

1. [↑](#footnote-ref-1)