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| **MBPhD Programme**  **The Astor Foundation Travel Bursary Scheme**  Application Form | **CHECKLIST**  Have abstract and supporting documentation been  attached?  Have you signed the form?  Has the Supervisors Statement been provided  Has the Supervisors signed the form? |

**Please read the regulations carefully before completing this form. Please TYPE or complete in BLOCK capitals. Please complete all sections. Incomplete applications will be returned.**

1. Personal Details

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| Title: | First name: | Family name: |
| Address (for correspondence): | | Email: |
| Tel. no: |

Please give details of your degree registration:

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| **YES NO N/A**  **Are you currently registered on MPhil/PhD?**  **Are you currently registered as CRS?**  **Are your currently registered within 12 months subsequent to CRS status?** | | | |
| Date of PhD/MPhil Registration | Date of Upgrade | Research Department | Full name of Principal Supervisor |
| From:  To: |  |  |  |
| Please give the title / provisional title of your thesis: | | | |

2. Proposal

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| 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 attach your abstract AND documentation outlining acceptance of paper / poster for presentation. | | |
| 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. Estimated Costs & Contributions

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| Exchange Rate (if applicable - please use the [www.xe.com](http://www.xe.com) currency converter): | **£1 =** |
| **Travel:** (please give details) | **£** |
| **Total Travel:** | **£** |
| **Accommodation:**  No. of nights:       Cost per night: |  |
| **Total Accommodation:** | **£** |
| **Conference Fee:** | **£** |
| **Subsistence:**  **Total Subsistence:** | **£** |
| **Total Estimated Expenses:** | **£** |
| **Departmental Contribution** | **£** |
| **Amount Requested from Astor Foundation Travel Bursary:** | **£** |

4. Applicant’s Declaration

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| I confirm I have read and understand the Regulations and Conditions of the Scheme  Yes  No |
| Signature of Applicant:  Date: |
| APPLICANTS: Please pass this form to your Supervisor for endorsement. |

5. Supervisor’s Endorsement

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| **Supporting Statement:**   * Did the student upgrade at 9 - 18 months?  Yes  No * Will the student submit within 3-years?  Yes  No * Will the student submit by the end of the Completing Research Student period?  N/A  Yes  No * Please indicate the relationship of the proposed trip to the student’s thesis. |
| Signature of Supervisor:  Date: |
| Name (please print): |

Submit completed forms and enclosures to:

Mrs Sophia Joyce, UCL Dept. of Renal Medicine/Division of Medicine,

University College London, Royal Free Hospital,

Rowland Hill Street, London, NW3 2PF.

Tel: 020 7794 0500 x 34132. Email: s.joyce@ucl.ac.uk