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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/MPhilRegistration | 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