** **

**APPLICATION FOR A BSCB/Company of Biologists**

**Honor Fell/Company of Biologists Travel Award**

Please TYPE or print clearly. Forms without this information or illegible will not be processed

Title......

First name: ....................................

Surname.............................................

Professional Address

.................................................................................................. ...................................................................................................................................... ......................................................................................................................................

Academic Email...........................................................

Degree(s) dates…………………..

**Bank details**

Sortcode:

Account number:

Bank:

BSCB Membership Number ..................

I have been a member for ……………. years

Years of previous Honor Fell/COB travel awards…………

Note: No applicant will receive more than one award per calendar year and three *in toto*

I wish to apply for a BSCB/CoB travel grant to attend a meeting/conference ⬜ or to attend a workshop or training course ⬜

I will be presenting a poster YES ⬜ NO ⬜ or talk YES ⬜ NO ⬜ ?

**Event title**:

**Place and date**:

**Expenses claimed:** Please give total costs in local currency and sterling equivalent.

**Travel:**

**Accomodation:**

**Registration:**

Have you submitted any other applications for financial support? **YES/NO** (delete as applicable)

If YES, please give details including, source, amounts and whether these monies are known to be forthcoming. Note we expect you to not claim the expenses twice from different sources.

**Applications can be made at any time, but must be at least 1 month before the start of the meeting.**

**Supporting statement by Lab Head:**

This applicant requires these funds and is worthy of support. I recognise that in the event of non-attendance at the meeting, the applicant must return the monies to the BSCB and I accept the responsibility to reimburse BSCB if the applicant does not return the funds. Also, the applicant is not receiving the same reimbursement from another source.

**Lab head Signature:**

**Name:**

**Position:**

**Applicant’s Signature:**

**Name:**

**Please upload application as a single merged Pdf containing the following supporting information:**

**-this completed and signed application form**

**-a screenshot of your membership details from**  [https://hg3.co.uk/bscb/members.aspx](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhg3.co.uk%2Fbscb%2Fmembers.aspx&data=02%7C01%7C%7C3d34393229c34655659f08d6f57469ca%7C4eed7807ebad415aa7a99170947f4eae%7C0%7C0%7C636966277683459986&sdata=SQ2z9dPCMvQ30fK%2BOrPE9%2BsE5mLZvKrfaGI3obSLskE%3D&reserved=0)

**-a copy of your abstract (max 1 page A4)** Names of all authors should appear on the abstract.

**-a copy of the registration receipt, travel and accommodation costs (if available at the time of application)**

***Incomplete applications will not be considered.***

*> If proof of payment for ALL costs claimed is available at the time of application, successful applicants will be awarded a grant in advance of the meeting*

*> If proof of payment for ALL costs is not available at the time of application, successful applicants will be awarded a provisional grant and funds will be sent when BSCB have received the receipts.*

*Note:* Members who are based outside of the UK can only receive funds to attend BSCB-sponsored meetings in the UK.

Awards are discretionary and subject to available funds