** ASSOCIATION FOR THE STUDY OF**

 **ANIMAL BEHAVIOUR**

 **APPLICATION FOR AN**

 **ASAB CONFERENCE ATTENDANCE GRANT**

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| Please save the completed application form as ‘*Surname*AC.doc’ and submit as an email attachment to the [Secretary of Grants and Awards Committee](https://www.asab.org/grants-committee), Dr Kate Lessells klessells.science@gmail.com Please also send a completed\* copy of the ASAB Equality and Diversity Monitoring Form attached to the same or a different email. (\*Send the form, even if you have answered no questions).For closing dates, eligibility etc, see the [webpage for ASAB Conference Attendance Grants](https://www.asab.org/conference-grants). NB: Grants are available ***only for ASAB******conferences****.***Blue shading indicates parts of the form to be read or completed by the applicant, and green by your referee.****In tables:** - Enter your responses in the unshaded cells - Extra lines will appear in a cell if you keep typing at the end of a line or press <enter>**Yes/No**: Delete as necessary |

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| **ASAB Accessibility and Childcare Grants**In addition to the Conference Attendance Grants, ASAB also offers Accessibility and Childcare Grants for ASAB conferences |
| Are you also applying for an ASAB Accessibility Grant for this conference? | Yes/No |
| Are you also applying for an ASAB Childcare Grant for this conference? | Yes/No |
| **If you are applying for either or both of these additional grant types** fill in separate forms (downloadable from the ASAB website) for each additional type of grant, and attach all of the grant applications to the same submission email |

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| **Details of Applicant** |
| Name: |  |
| Email: |  |
| Address: |  |
| University education (insert more rows if necessary): |
| Type of degree (eg BSc) | Subject of degree | Class of degree | When obtained | Institution (also give town/city, country if not included in name of institution) |
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| Current position(s) (include the name of institution, and town/city, country if not included in name of institution). ‘Position’ includes ‘PhD student’, ‘unemployed’, etc) | Date of appointment | Is this a paid position? |
|  |  | Yes / No |
| Recent publications (to a maximum of 3): |
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| Brief statement of current research interests (to a maximum of 50 words) |
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| **Details of ASAB Conference** |
| Name of ASAB conference: |
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| Location | Start date | Finish date |
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| **Contribution to the conference** |
| Title: |  |
| Type of contribution (eg talk, poster etc) |  |
| Has your contribution been accepted yet? | Yes / No |
| ***If your contribution has not yet been accepted, make your application immediately, and inform the Secretary of ASAB Grants committee as soon as you receive a decision.*** |

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| **Cost of attending the conference****(Exclude amounts applied for separately in Accessibility or Childcare Grant Applications for the same conference)**  |
| **Total cost of attending conference** (This should be the sum of the breakdown of expenses below.) | **£** |
| **AMOUNT REQUESTED FROM ASAB:** | **£** |
| Breakdown of expenses for attending the conference |
| Travel | £ | Travelling from(town/city, country): |  |
| Accommodation | £ | No. of nights away from home necessary to attend conference:(i.e. exclude extra nights due to tourism, visiting friends etc): |  |
| Subsistence | £ | Subsistence: Up to £20 x No. of nights |
| Registration Fee | £ |  |
| Other costsPlease specify (eg cost of producing poster, visa, etc) in the right hand column. Add extra rows if needed. | £ |  |
| £ |  |
| £ |  |
| £ |  |

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| Other sources of funding sought for this conference, including Departmental funds. Indicate amounts already awarded, further amounts sought and the date on which decisions are expected. (**Inform the Grants Secretary as soon as such decisions are received.**) If none indicate reasons why. |
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| List the dates of all previous ASAB Conference Attendance Grant applications and their outcome: |
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| Nationality **(only if applying** **for more than £500)**: |
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| Why is it important that you attend this conference? |
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| I certify that I am a member of ASAB |
| Name: |  |
| Date:  |  |

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| Once you have completed the above pages, give the whole form to your referee, who is asked to complete the following section of the form.**Note: your applications may not be considered if there is no accompanying referee’s statement** |

**STATEMENT BY REFEREE**

**Please note: Only the referee should complete this part of the form**

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| Applicant’s name: |  |
| In order to evaluate the applicant’s request for an ASAB Conference Attendance Grant, I would be grateful if you could comment on the quality of their work, the relevance of the conference to them, their financial need and any other comments that you feel are relevant to the application. You may use this form or an email containing the above information plus the information requested below the space to make your comments. |

[Insert your comments here, making space available as needed]

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| Name of referee: |  |
| Email: |  |
| Institutional address: |  |
| Website: |  |
| Relationship to the applicant:(eg PhD supervisor, scientific colleague, etc)  |  |
| Date: |  |

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| **Completed applications should be saved with the file name ‘*SurnameAC.doc*‘** **and sent as an email attachment to the** [**Secretary of ASAB Grants Committee**](https://www.asab.org/grants-committee)**, Dr Kate Lessells, at** **klessells.science@gmail.com** |