**ASSOCIATION FOR THE STUDY OF ANIMAL BEHAVIOUR**

**APPLICATION FOR AN UNDERGRADUATE PROJECT SCHOLARSHIP**

Please save the completed application as *surname*UG.docx (or .pdf) and submit applications as email attachments to:

melissa.bateson@ncl.ac.uk

For closing dates see the Grants section of the ASAB web site.

**Details of Applicant:**

Name:

Address:

Telephone:

Email:

Present course of study (type and subject of degree, Institution, year of study):

**Details of Research Project**

Title:

Start and finish dates:

Duration in weeks:

Are any licences or permits (e.g. Home Office, BTO, import/export) required for this work? Yes / No

 If yes, state which licences are required and whether they have been obtained:

Have any other applications been made for this work?: Yes / No

 If yes, please provide details:

*Inform the Secretary of the Grants Committee as soon as possible of the result of applications still pending*

TOTAL AMOUNT REQUESTED:

PLEASE PROVIDE DETAILS OF INSTITUTIONAL ACCOUNT TO WHOM GRANT CHEQUE SHOULD BE PAID IF THE APPLICATION IS SUCCESSFUL (ASAB CANNOT MAKE GRANT PAYMENTS TO INDIVIDUALS)

INSTITUTIONAL ACCOUNT:

NOTE, THE CHEQUE WILL BE SENT DIRECT TO THE SUPERVISOR FOR THEM TO DEPOSIT INTERNALLY TO THEIR RELEVANT INSTITUIONAL ACCOUNT, UNLESS AN ALTERNATIVE POSTAGE ADDRESS AND CONTACT IS PROVIDED HERE (UNDER THESE CIRCUMSTANCES, PLEASE ENSURE THAT THE ALTERNATIVE CONTACT KNOWS ABOUT YOUR ASAB SCHOLARSHIP APPLICATION AND CAN LINK THE CHEQUE TO YOUR SUPERVISOR):

OUTLINE DETAILS OF PROJECT

(To include an assessment of its relevance to animal behaviour and, where applicable, brief references to other scientific papers or work bearing on the project.)

I understand that awards will not be granted to support undergraduate work that forms part of a degree course.

Yes / No Date ............................

**Equality and Diversity Monitoring form**

ASAB is committed to promoting a diverse and inclusive community, and aims to ensure fair and equitable representation and participation throughout all of ASAB’s activities and in the wider animal behaviour research community, irrespective of characteristics including but not limited to age, disability, ethnicity, gender, and sexuality.

A key step in this process is data collection, so we hope you understand why we ask for this information. All questions are optional.

ASAB acknowledges that this information is of a confidential nature; it will remain confidential and will be used only to produce anonymised statistics on equality and diversity. Success of grant applications will not be influenced in any way by completion of this section.

|  |  |
| --- | --- |
| **Gender** |  |
| Female | ☐ |
| Male | ☐ |
| Other  | ☐ |
| Prefer not to say | ☐ |
| **Sexual Orientation** |  |
| Bisexual | ☐ |
| Gay Man | ☐ |
| Gay Woman, Lesbian | ☐ |
| Heterosexual, Straight | ☐ |
| Other | ☐ |
| Prefer not to say | ☐ |
| **Country of Origin** |  |
| Please enter: |  |
| **Ethnicity** |  |
| Asian | ☐ |
| Black, African, Caribbean | ☐ |
| Latino, Hispanic | ☐ |
| Mixed, Multiple Ethnic Groups | ☐ |
| Other Ethnic Group | ☐ |
| Prefer not to say | ☐ |
| White | ☐ |
| **Disability** |  |
| The UK Equality Act defines a person to be disabled if they suffer from a physical or mental impairment which has significant or long-term detrimental effect on their day-to-day activities. Using this definition, do you consider yourself to be disabled? |
| No | ☐ |
| Prefer not to say | ☐ |
| Yes | ☐ |

COMMENTS BY SUPERVISOR (MUST BE A MEMBER OF ASAB)

(To include general comments on the proposed project and to confirm willingness and availability to supervise the work.)

I understand that awards will not be granted to support undergraduate work that forms part of a degree course.

Name: ............................................................................................................................................................................

Date: …............................................................................

Address: ............................................................................................................................................................................

…………………………………………….......................................................................................................................

Telephone ............................ Email ............................

I certify I am a current member of ASAB

Yes / No Date:

COMMENTS BY HEAD OF DEPARTMENT

(To include general comments on the proposed project, to confirm that adequate resources are available for the work to be completed in the time and to state to whom the research expenses portion of the grant should be paid.)

Name: ............................................................................................................................................................................

Date: …............................................................................

Address: ............................................................................................................................................................................

…………………………………………….......................................................................................................................

Telephone ............................ Email ............................