**ASSOCIATION FOR THE STUDY OF ANIMAL BEHAVIOUR**

**APPLICATION FOR A CHILDCARE GRANT**

Please save the completed application form as *surname*CG.docx (or .pdf) and submit as an email attachment to [melissa.bateson@ncl.ac.uk](mailto:melissa.bateson@ncl.ac.uk)

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

**Applicant**’**s Details**

Name (including title):

Address:

Telephone number:

Email address:

University Education (include type and subject of degree, class, when obtained, Institution awarding degree, e.g. BSc (Hons) Zoology, 2i, 1980, University of ....)

Current position (including institution and date of appointment):

Recent publications (to a maximum of 3):

Name, location and date of conference/workshop(note that Childcare Grants are only available for attendance at ASAB conferences or workshops):

Why is it important that you attend this Conference? (maximum 100 words)

Title of paper or other contribution to the conference/workshop (note that it is not required for applicants to present their work, but this may be taken into account):

Why do you need an ASAB Childcare Grant (maximum of 150 words)?

**Costs** (The scheme is designed to be flexible, so please include any justifiable childcare-related costs. The maximum total grant is £400):

Additional childcare costs £

Additional travel costs for children £

Additional accommodation costs for children £

Other costs (specify) £

**Total cost** £

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.)

List the dates of all previous applications under this fund and their outcome:

I certify that I am a member of ASAB: YES/NO

Signature of applicant:

Date:

Give the completed form to your referee (a senior colleague who need not be an ASAB member) who is asked to complete the section. Note applications may not be considered if there is no accompanying referee’s statement.

**STATEMENT BY REFEREE**

Applicant’s name:

The above has applied for a Childcare Grant to attend an ASAB conference/workshop. In order to evaluate this request I would be most grateful if you could comment on the quality of the applicant’s work, the relevance of the conference to the applicant, the financial need of the applicant and any other comments you wish to make. You may use this form or an email containing the above information.

Name of referee:

Address:

Relationship to applicant:

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 |  | |