**ASSOCIATION FOR THE STUDY OF ANIMAL BEHAVIOUR**

**APPLICATION FOR A RESEARCH GRANT**

Please save completed application forms as *surname*RG.docx (or .pdf) and submit as an email attachment to: [klessells.science@gmail.com](mailto:klessells.science@gmail.com)

For closing dates see the Grants & Awards page of the ASAB web site.

Applications will not be considered unless two referees’ reports have been received by the closing date.

**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 (inc. date of appointment):

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

Recent publications (to a maximum of 3):

Brief statement of current research interests (to a maximum of 50 words):

I certify I am a current member of ASAB

Yes / No Date:

**Details of proposed research**

Title:

Start and finish dates and duration of project:

Are any licenses or permits required for this work?: Yes / No

If yes, please give details

Outline of proposed research:

(This should include a statement of aims, the background to the project, plan of research and should adhere to ASAB’s ethical guidelines. This must be self contained in the following three pages. References may be included on page 5)

Outline of proposed research (continued):

Outline of proposed research (continued):

Please provide a justification for the support requested:

References:

Names and addresses of 2 referees who may comment on the proposed research:

The applicant should contact these directly and pass on the enclosed form for referees. Applicants should request their referees to send their reference directly to the Secretary of the Grants Committee and ensure arrival by the closing date for applications.

**Itemised summary of grant requested**

Please detail all individual items. If salary is being included indicate appropriate scale and level.

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 APPLICANT 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 GRANT APPLICATION AND CAN LINK THE CHEQUE TO YOU):

**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 | ☐ | |

**STATEMENT BY REFEREE 1**

Applicant's name:

The above has applied for an ASAB research grant. In order to evaluate this request I would be grateful if you could comment on the quality of the applicant’s work, the proposed research, 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:

Once completed send the form to [melissa.bateson@ncl.ac.uk](mailto:melissa.bateson@ncl.ac.uk)

**STATEMENT BY REFEREE 2**

Applicant’s name:

The above has applied for an ASAB research grant. In order to evaluate this request I would be grateful if you could comment on the quality of the applicant’s work, the proposed research, 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:

Once completed send the form to [melissa.bateson@ncl.ac.uk](mailto:melissa.bateson@ncl.ac.uk)