

Hospital Infection Society Travel Grant Application Form

Please read the Instructions to Applicants before completing this application.

1. **Name of Applicant:**.....
2. **Present Appointment:**.....
3. **Office Address:**.....
.....
.....
Telephone No:..... **Fax No:**.....
4. **Short description or Title of Proposal (give details overleaf):**
.....
.....
.....
5. **Expected date of commencement:**.....
and conclusion of proposal:.....
6. **Latest Date by which funds are required:**.....
7. **Could the proposal proceed with partial funding?:** Yes / No
8. **Amount Requested:**.....
9. **Please list the sources from which you have either already sought or intend to seek funding:**.....
.....
.....

Note: Documentary evidence that additional funding has been solicited (and its current status) must be provided in an appendix to this application.

Requested:.....
Received / Promised:.....
10. **Does the proposal have the backing of your Head of Department?**
Yes / No / Not applicable
11. **If you are not a member of the Hospital Infection Society, please supply a supporting letter from a member.**

The proposal must be succinctly described and funding justified. Please include a breakdown (ie. travel, accommodation, registration fee) of the funding requested.

Please type or print using black ink in the space below.

Additional documentation may be presented in a covering letter.

(U,K.Registered Charity No. 286064)

Hospital Infection Society Travel Grant

Instructions to Applicants

1. Travel grants are primarily intended to enable trainees to attend meetings of educational benefit, particularly if research is to be presented. They may also be use to support visitors from overseas (eg. developing countries) who wish to undertake an attachment in the UK.
2. The grant in intended to cover travel, accommodation and meeting registration fee only.
3. The size of the grant awarded is at the discretion of the Grants Committee but will not normally exceed £500.
4. The recipient will be expected to provide a written report eg. paper or article, to the Hospital Infection Society. The format of the report will be specified on award of the grant. In addition, the recipient may be requested to present the report at a meeting of the Hospital Infection Society.
5. **SIX** copies of the completed application form should be submitted to the Administrative Officer of the Hospital Infection Society: Ms S M Hollinshead, Hospital Infection Society, 162 King's Cross Road, LONDON WC1X 9DH, UK
6. Recipients of HIS Travel Grants will not be eligible for a further grant within 2 years of a successful application.
7. For further information contact:

Ms S M Hollinshead

Tel: 020 7713 0273

Fax: 020 7713 0255

E-mail: sue.hollinshead@his.org.uk