**Sponsored Event Grant**

**Instructions to Applicants**

1. Sponsored Event Grants are awarded at the discretion of HIS and are intended to provide sponsorship of up to £1000 to assist with the organisation of events that focus on the prevention and control of HCAIs. Events should be held in an academic or healthcare setting and can also take place in a virtual online format. Events should be aimed specifically at an audience of healthcare professionals.
2. Priority for funding will be given to events that would not go ahead with HIS support.
3. Applications are only open to HIS members. Individuals must be elected as HIS members before the date of application
4. The size of the grant awarded will not exceed £1,000.
5. The recipient will be expected to acknowledge the contribution of the Society by:
* Badging the event as ‘Healthcare Infection Society sponsored event’ with the HIS logo included on marketing material in advance of the event, and on the day of the event
* Displaying Society materials at the event (provided in advance by the Society)
1. The recipient will be expected to send a short report (500 words) for publication on the HIS website within 4 weeks of the event taking place. The report should include the event aim, delegate, speaker and poster numbers, delegate feedback and include a photograph.
2. Recipients of HIS Sponsored Event Grants will not be eligible for further Sponsored Event Grants within 2 years of a successful application.
3. Sponsored Event Grants are awarded for a particular event. They may not be used to support a different event. If an event is cancelled or postponed, HIS should be informed and the award will be withdrawn.
4. Sponsored event grants will be considered at any time of the year but must be submitted at least 3 months prior to the event taking place.
5. Grants will not be processed until a report of the event has been received and acknowledged by the Membership, Education and Events Manager.
6. Submission of this application indicates acceptance of the above terms and conditions.

The completed application form should be submitted in **PDF** format by **e-mail only** to admin@his.org.uk.

For further information contact:

**Dr. Helen Davies**

**E-mail:** admin@his.org.uk

**HIS Sponsored Event Grant Application Form**

Please read the Instructions to Applicants on page 1 before completing this form.

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| 1. **Name and workplace of primary applicant:**
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| 1. **E-mail address of primary applicant:**
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| 1. **HIS Membership number (if known):**
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| 1. **Address for sending HIS promotional materials for distribution at the event:**
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| 1. **Name and affiliation of co-applicants (if relevant):**
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| 1. **Title, dates, and web address (if available) of sponsored event:**
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| 1. **Brief description of sponsored event (please include details of whether the event is cross institutional or regional and if the event will take place in person or virtually online):**
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| 1. **Amount requested from HIS (maximum £1,000):**
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| 1. **What is the anticipated professional impact on the healthcare professionals attending the event? What are their intended learning outcomes?**
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| 1. **Please give details of what the HIS funding will be used to support (e.g. speakers, poster prize, etc):**
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| 1. **Please list any other 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. Priority for funding will be given to events that would not go ahead with HIS support. |
| **Requested:** | **Received:** | **Promised:**  |
| 1. **How did you learn about this grant?**
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| **I acknowledge that (if funded by HIS):*** Funding will be received on submission of a 500-word report to HIS post-event

 * We will badge the event as ‘Healthcare Infection Society sponsored event’ with

the HIS logo included on marketing material in advance of the event, and on the day of the event (with approval from HIS)* Society materials will be displayed at the event (provided in advance by HIS)
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| Applicant signature:Print name: Date: |