# Special 40th Anniversary Travel Grant Application

## Instructions to Applicants

1. The 40th Anniversary Travel Grant is awarded at the discretion of HIS to support a member to attend the **Sixth Decennial International Conference on Healthcare-Associated Infections** taking place from 26-30 March 2020, in Atlanta, USA.
2. The size of the grant awarded will not normally exceed £2,500. The award is intended to **contribute to** economy travel, accommodation, and registration fees.
3. The recipient will be expected to acknowledge the contribution of the Society in any presentations, and provide a short written report on the conference post-event.
4. Recipients of HIS Travel Grants will not be eligible for a further Travel Grant within 2 years of a successful application.
5. Claims for reimbursement must be made retrospectively and include complete receipts and costs associated with the event within 90 days.
6. Submission of this application indicates acceptance of the above terms and conditions.
7. The completed application form and additional information must be submitted in a merged **PDF or Word document** format by **email only** to the current Research Committee chair at [grants@his.org.uk](mailto:grants@his.org.uk) no later than 11:59pm 15 December 2019.
8. For further information contact HIS Research and Development Manager: Phone 020 7713 0273 or email [grants@his.org.uk](mailto:grants@his.org.uk).

Please read the Instructions to Applicants in full before completing this application.

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| 1. **Name of applicant:** |
| 1. **HIS membership number:** |
| 1. **Present appointment:** |
| 1. **Office address:** |
| 1. **Expected involvement in the Sixth Decennial International Conference on Healthcare-Associated Infections:**   **Poster/Oral Presentation  Attendance only** |
| 1. **Could the proposal proceed with partial funding?** Yes/No |
| 1. **Amount requested (to a maximum of £2,500). Note only travel, accommodation and registration fees are eligible for reimbursement:** |
| 1. **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. |
| 1. **Does this proposal have the backing of your Head of Department?** Yes/No |

**Please describe the benefit to your professional development and explicitly state why funding is required and justified (maximum 500 words). Please type or print using black ink in the space below.**

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Applicant’s signature: Date: