**ANNUAL MEETING TRAVEL BURSARY - MCR**

**Instructions**

* Enter the information listed below. For YES/NO questions, delete as required
* Please do not scan these forms. It is NOT necessary to obtain manual signatures from institution officials. Simply enter their names and e-mail addresses.
* Rename the form to ‘LASTNAME YYYY\_MCR’ and submit in pdf format as per website instructions.

**Personal Details**

Name:

e-mail:

**ASI membership**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you been a full ASI member for the previous 2 years? |  | YES | NO |
| Are you a full ASI member as of April 1st this year? |  | YES | NO |

**PhD**

Organisation / Department of PhD work:

Supervisor Name:

Award of PhD (dd/mm/yyyy)\*:

*\*Applicants are not eligible if they have more than 15 years of postdoctoral experience at the time of application. Some career interruptions such as paternity or carer leave, illness, unemployment (or employment outside the sector) or other personal circumstances may be taken into account. Please provide details below if you received your PhD before the specified date but still think that you may be eligible to apply.*

**Abstract**

*Please include a copy of the abstract you have submitted to the Annual Scientific Meeting*

**Other travel funding sources**

Please outline any other funding/travel awards you have applied for or received to fund this travel.

*You must notify the ASI secretariat if you obtain additional funding before the ASI travel awards are announced. Failure to do so may result in disqualification.*

Source of funds:

Amount applied for:

Amount granted:

**CV Biosketch (2 pages)**

*Provide CV in the Biosketch format provided below (in chronological order)*

**Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| INSTITUTION AND LOCATION | DEGREE  (if applicable) | YEAR(s) | FIELD OF STUDY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Positions and Honours/Awards**

*List in chronological order previous positions, concluding with your present position (including any career disruptions/relative to opportunity considerations)*

Other Experience and Professional Memberships

*Including contribution to ASI and the immunological community*

Honours/Awards

**Selected peer-reviewed publications (in chronological order).**

*Do not include publications submitted or in preparation.*

*(Publications selected from (fill in number) peer-reviewed publications)*

**Research Support**

*List selected ongoing or completed (during the last three years) research projects. Indicate your role (e.g. CI, PI, AI, Consultant) in the research project.*

Ongoing Research Support

Completed Research Support

**Acknowledgement Statement**

|  |  |
| --- | --- |
| *I confirm that there are no other funding sources available or received to fund this request.* | YES/NO |
| *I acknowledge that I will notify ASI if I obtain additional or alternative funding to support the project. Failure to do so may result in disqualification.* | YES/NO |

**Institutional Endorsement**

I have read and support the application by (Name of Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for an ASI Award.

Name:

Position (Director, Department Head or other Responsible Office):

Email:

Date:

*Please do not sign this form. Enter only your name and e-mail address.*