**ANNUAL MEETING TRAVEL BURSARY - POSTDOC**

**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 year? |  | 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 6 years of postdoctoral experience at the time of application. Some career interruptions such as maternity leave may be taken into account. Please provide details if you received your PhD before the specified date but still think that you may be eligible to apply.*

*Please note that the date of completion is the one in the official letter of the university notifying the successful completion of the PhD, NOT the date of thesis submission or award ceremony.*

**Please list all positions since completion of PhD.**

**Present Position:**

Organisation / Department:

In current position since:

Supervisors Name:

**Abstract**

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

**CV Biosketch (2 pages)**

*Educational qualifications and employment history (including any career disruptions/relative to opportunity considerations)*

*Community engagement (including contribution to the immunological community)*

*Membership of societies/committees*

*Previous honours/awards*

*Peer-reviewed original publications (do not include articles which are under review or in preparation)*

*Other publications (reviews, “news and views”, commentaries etc)*

*Conference abstract and oral presentations*

**Supervisor’s Statement**

Please confirm that there are no other funding sources available or received to fund this request.

|  |  |
| --- | --- |
| *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 |

Supervisor’s Name:

Institution:

Email:

Date:

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

**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.*