**ANNUAL MEETING TRAVEL BURSARY - POSTGRAD**

**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 |

**Current position**

Current Organisation / Department:

Current position (e.g. Research Technician, Honours or PhD student):

Supervisor Name:

Start date (dd/mm/yyyy):

**Please list all previous research experience.**

**Previous Position (s):**

Organisation / Department:

Position (e.g. Research Technician, Honours student):

In position since:

Supervisors Name:

*Copy and complete the above section as many times as required.*

**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.*