

**GORDON ADA TRAVEL AWARD APPLICATION**

**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 supervisors and institution officials. Simply enter their names and e-mail addresses.
* Rename the form to ‘LASTNAME YYYY\_Ada’ and submit in pdf format as per website instructions.

**Personal Details**

Name:

Email:

**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 |

*If you answered no to either of these questions you are ineligible.*

**Current position**

Current Organisation / Department:

Current position:

Start date (dd/mm/yyyy):

**Eligibility**

Is it 6-14 years since completion of your PhD?

|  |  |
| --- | --- |
| YES | NO |

*If you answered no to this question you are ineligible.*

Have you previously been awarded an ASI Gordon Ada or Jacques Miller Senior Travel Award?

|  |  |
| --- | --- |
| YES | NO |

*If you answered yes to this question you are ineligible.*

**Travel Details**

Please outline in detail the type and purpose of planned travel. Please provide any relevant information for the type of travel you intend to do (i.e. conference details, details of institution where sabbatical is performed, details of host at overseas institution, or any other appropriate details).

**Type of travel:**

**Purpose of travel:**

**Location:**

**Dates:**

**Amount requested:**

*Please provide an itemised list of expected costs.*

**Additional Travel Destinations**

Please list below the details of additional destinations / institutions you intend to visit before or after the main travel purpose as part of your itinerary, and the names of your hosts (the selection committee reserves the right to contact the hosts to confirm the travel arrangements).

Institution 1

|  |  |
| --- | --- |
| Institution:  |  |
| Host’s name: |  |
| Host’s email address: |  |
| Purpose of visit: |  |
| Has this visit been arranged yet? | YES | NO |
| Will you give a seminar? | YES | NO |

Institution 2

|  |  |
| --- | --- |
| Institution:  |  |
| Host’s name: |  |
| Host’s email address: |  |
| Purpose of visit: |  |
| Has this visit been arranged yet? | YES | NO |
| Will you give a seminar? | YES | NO |

*Copy and paste this section for additional destinations.*

**Career benefit**

Outline how participation in this conference and any visits being made to other institutions will make a substantial contribution to your studies and future career (do not exceed 250 words)

**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 is 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:

**BIOGRAPHICAL SKETCH**

Note: The Biographical Sketch may not exceed two pages.

**Education and Training**

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

**Positions and Honours**

Positions and Employment

*List in chronological order previous positions, concluding with your present position.*

Other Experience and Professional Memberships

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

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