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**POSTDOCTORAL 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\_PostDoc’ and submit in pdf format as per website instructions.

**Personal Details**

Name:

e-mail:

**ASI membership**

|  |  |  |
| --- | --- | --- |
| Were you a full ASI member last 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:

**Previous Position (s):**

Organisation / Department:

In position since:

Supervisors Name:

**Travel Destinations**

**Main Travel destination**

**Additional Travel Destinations**

Institution 1

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

**Details of Submitted Abstract**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you submitted an abstract yet? | | | YES | | NO |
| Abstract acceptance: | Oral | Poster | | Under review: | | |

Please copy here the abstract you have submitted or intend to submit

(Include Title and Author’s Names)

**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)

**Publication Record**

Please provide a list of publications and presentations under the following headings (*use extra pages if necessary*):

Refereed papers (*do not include reviews or published conference proceedings*)

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

Conference Abstracts and Oral Presentations (*include published conference proceedings in this section)*

**Supervisor’s Support Statement**

Please comment on the applicant’s academic and research achievements and future prospects. Do not exceed 250 words.

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 2019 Travel 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.*