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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)

*Please include an abstract on your work even if your travel does not include a conference.*

**Career benefit**

*Please outline how his award will make a substantial contribution to your studies and future career (max 500 words)*

*Please include a clear budget, if successful this is the amount you will be awarded.*

**CV Biosketch (1-2 pages)**

Please include a CV that includes the following details (in chronological order)

*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. *You must notify the ASI secretariat if you obtain funding which would cover this request before the ASI awards are announced. Failure to do so may result in disqualification.*

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.*