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**FIMSA-FUNDED TRAVEL AWARD FOR IUIS2023 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 FIMSA\_IUIS2023’ 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)\*:

**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:

**Details of Submitted Abstract**

|  |  |  |
| --- | --- | --- |
| Have you submitted an abstract yet? | YES | NO |

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

(Include Title and Author’s Names)

**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 this 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.*