

ASSTA COVID-19 Special Conference Support Awards

Application Form

Applicant Details

TITLE _____ SURNAME _____

GIVEN NAMES _____

POSTAL ADDRESS _____

TELEPHONE (____) _____ EMAIL _____

ASSTA MEMBERSHIP NUMBER _____

Title of Conference: _____

Date of Conference: _____

Title of Paper accepted by Conference:

Authors on Paper:

The paper was accepted based on: _____

A **copy of the paper/abstract** and **official letter of acceptance** must be submitted to ASSTA with this application and this application **must signed by the PhD Supervisor or Research Group Director**.

In addition to this form, you also need to provide a detailed rationale with the following subheadings;

1. nature of participation in the conference
2. justification for support – describe why support is needed and why alternative funding options are not available
3. budget and budget justification – give a detailed breakdown of costs and justification for each expense

I have attached the following documents and signed overleaf

Nature of participation

Justification for support

Budget and Justification

Member Declaration

I declare that the I satisfy all the eligibility requirements for this award and that all attachments and statements provided are true and accurate records and I authorise ASSTA to verify any facts. I understand that if any information is found to be false this application and/or any subsequent awards may be cancelled.

Name: _____

Email: _____

Organisation: _____

Signature:

If Member is a student a supervisor declaration is required as well

Supervisor Declaration

I declare that the applicant satisfies all the eligibility requirements for this award and that all attachments and statements provided are true and accurate records and I authorise ASSTA to verify any facts. I understand that if any information is found to be false this application and/or any subsequent awards may be cancelled.

Name: _____

Email: _____

Organisation: _____

Role: _____

Signature: