**Fill in form and** [**mailto:traingrants@fsbi.org.uk**](mailto:traingrants@fsbi.org.uk)

FSBI Training Grant Application form

# Personal Information

First Name(s) Last Name(s)

|  |  |
| --- | --- |
|  |  |

Date of Birth Work Address

|  |  |
| --- | --- |
| Click or tap to enter a date. |  |

|  |  |
| --- | --- |
|  |  |

Preferred Email Telephone/mobile number

Date of FSBI Membership (when you first signed up)

|  |
| --- |
| Click or tap to enter a date. |

|  |  |
| --- | --- |
|  |  |

Highest Academic Qualification Current Position (BSc, MSc, PhD, Post doc, etc)

Subject Area

|  |  |  |
| --- | --- | --- |
|  |  |  |

Is your position permanent? If Yes, when did you start this position?

|  |  |
| --- | --- |
| Yes  No | Click or tap to enter a date. |

Have you previously applied for a training or other FSBI grant?

Yes  No

If Yes, please outline which course and when you received the most recent (up to three) training grant(s). Please enter the amount requested, and amount received for each.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Can you meet the criteria for the FSBI training grant? Including providing a short report and review on the training within 6 weeks of completing the training?

(See information on the training grant T&C’s for more information)

# Course details and importance

|  |  |  |
| --- | --- | --- |
|  | |  | | --- | |  |   Course Provider |

Course Name Course Location

Details of course contents



Relevance to the aims of the FSBI



Relevance to the application and research aims



Date of Training

|  |  |
| --- | --- |
| Click or tap to enter a date. |  |

# Costs

Total cost of training (£) Estimated total cost of subsistence (£)

|  |  |
| --- | --- |
|  |  |

Number of days Cost per day (£) Total (£)

|  |  |  |
| --- | --- | --- |
|  |  |  |

Course Fee (£) Amount requested from the FSBI (£)

|  |  |
| --- | --- |
|  |  |

Other funding sources applied for



Other funds obtained and amounts



# Declaration

Name and Address of supervisor/ Line manager



## **Declaration**

I hereby declare that the above information is correct, to the best of my knowledge. I have read the Information & Conditions document available from the FSBI Training Grants web page and I will abide by the conditions of award.

(Check the box below and apply the current date).

Click or tap to enter a date.