



The Fisheries Society of the British Isles (FSBI)

UK Registered Charity 256475

FSBI Travel Grant Application form

1. Personal Information

Last name

First name(s)

Date of birth

 / /
DD MM YYYY

Work Address

Email

Telephone

Academic qualifications

Current research position (PhD/Post doc/Other)

Subject

Year of study (1st, 2nd, 3rd)

Is your post permanent?

Yes No If yes, how long have you been employed

I confirm I meet the membership criteria of the FSBI for grant applications

(See information on Travel Grant webpage)

Date of membership

 / /
DD MM YYYY

Have you previously applied for a FSBI Travel Grant?

Date of previous application

 / /
DD MM YYYY

Amount requested

 £

Amount received

 £

2. Travel Details

Purpose of visit (meeting/conference/research visit/training/other)

Dates of visit

 / /
DD MM YYYY

Destination:

(i) Conference/Scientific Meeting

Conference Title

Personal involvement

oral presentation poster presentation

Title(s) of presentation(s)

(ii) Research/Training Visit/Other Travel

Institution

Name and position of host

Current provisional arrangements

Relevant publications

3. Costs

Estimated total cost of travel (GBP)	<input type="text"/>	£				
Estimated total cost of subsistence (GBP)	<input type="text"/>	£				
Number of days	<input type="text"/>	Cost per day	<input type="text"/>	Total	<input type="text"/>	£
Conference fee (GBP)	<input type="text"/>	£				
Amount sought from FSBI (see webpages for maximum available grant)					<input type="text"/>	£

Other funding sources applied for

Other funds obtained

4. Declaration

Further information (to include what you hope to gain from the visit)

Name and address of supervisor/research 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 Travel Grants web page and I will abide by the conditions of award. Insert a X in the box to verify your agreement.

Signature (Type your name in the format you use for your signature)

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
DD		MM		YYYY