

Application for Department of Women's & Children's Health Research Committee Conference/Travel Grant

- 1. Name of applicant:**

- 2. Section:**

- 3. Name of meeting:**

- 4. Location of meeting:**

- 5. Dates of meeting:**

- 6. Dates of proposed absence from work:**

- 7. Benefit of attendance to Department and/or University:**
(100 words max - outline relevance to your position and commitments within the Dept - e.g. teaching / research)

- 8. Are you presenting a paper/poster:** Yes No

If yes, please provide the following information

Title:

Authors and their Department:

- 9. Amount of funding requested: TOTAL \$**
With breakdown e.g. airfares, sustenance, expenses related to travel and conference costs.

- 10. Any funding sought from elsewhere?** Yes No
If yes, give source and expected outcome date if known.

- 11. Previous funding awarded by this committee:**
(year, amount, conference / meeting)

Endorsed by : Supervisor Name..... Signature.....
Date.....

Please email or deliver a hardcopy of your completed application to Sarah-Jane wch.research@otago.ac.nz