**New Zealand’s National School of Pharmacy**

***Te Kura Mātauraka Wai-whakaora***

**Research Committee**

**1. NAME OF APPLICANT:**

**2. PARTICULARS OF MEETING:**

1. Title of conference/workshop:
2. Venue:
3. Conference dates:
4. Dates of leave requested:
5. Estimated costs of:

|  |  |
| --- | --- |
| *return travel* | NZ$ |
| *registration* | NZ$ |
| *accommodation* | NZ$ |
| *other expenses* | NZ$ |
| *(specify)* |  |
| ***Note: The School does not pay for your meals while you are away.*** |
| **TOTAL REQUESTED** | NZ$ |

1. Details of any administrative position you hold in the society or organisation which

 is holding the meeting?

**3. FINANCIAL SUPPORT FROM THE SCHOOL OF PHARMACY**

Are there any other factors which might support your application?

Do you have access to any other funding?

**4. PURPOSE OF ATTENDANCE** (**please attach copy of abstract(s) and/or letters of invitation, or provide these as soon as available)**

1. Involvement:

invited speaker oral paper poster

workshop chairing a session

 Details:

1. Personal interest relevant to research (give details):

1. Give a brief outline on how attending this conference will benefit your future career.

 Have you or are you planning to meet with anyone attending the conference to discuss future job opportunities? If so please give names.

**5. EXPECTATIONS OF THE CONFERENCE**

 I expect to gain the following outcomes from the conference:

 Feedback on research

 Collaborative discussions

 Employment prospects

**6. SUPERVISORS**

 Does the supervisor support this conference?

 Comments:

 Supervisor’s signature: Date:

 **Student’s signature: Date:**

**OFFICE USE ONLY**

**Application:**

**Approved Amount Approved $**

**Declined**

**Approved in principle but**

**confirmation dependent on**

**receipt of further information**

**Information required:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Associate Dean, Research School of Pharmacy)

**PhD Checklist to accompany Conference /Leave Requests/Other**

***(This form is to be completed when you have a teaching commitment on for 3 or more days)***

|  |  |
| --- | --- |
| **Name:** | **Period of Absence:** |
| **PhD Signature:** | **Supervisor Approval:** |
| **Reason for absence:** |
|  | **Details** | **Alternative Arrangements Made****and signature of person-in-charge** |
| **Teaching UG** |
| * Lectures
 |  |  |
| * Workshops
 |  |  |
| * Tutorials
 |  |  |
| * Practicals
 |  |  |
| **Assessment** |
| * Assignments to mark (check handbook)
 |  |  |
| * Laboratory books to be marked
 |  |  |
| * Exams/Results to be collated (Feb, late June, mid Nov)
 |  |  |
| **Research** |
| * PGCert students or Visiting Researchers – supervision
 |  |  |
| **Committees** |
| * Board of Studies
 |  |  |
| * Undergraduate Programmes
 |  |  |
| * Research
 |  |  |