

## Division of Health Sciences - Application for Conference Travel Funding for PhD and DClinDent students

### STUDENT TO COMPLETE

PERSONAL INFORMATION			
Full name of applicant		ID number	
University email address			
Is your supervision split across Departments?			
Primary School and/or Department			
Primary Supervisor			
Secondary School and/or Department			
PARTICULARS OF MEETING			
Title of conference			
Venue - Location			
Conference dates	from		to
Dates of leave requested	from		to
PARTICIPATION IN CONFERENCE (tick appropriate boxes)			
Conference format	In person conference	Virtual conference	
Presentation format	Poster presentation	Oral presentation	
Abstract Please send abstract with your application	Accepted	Not yet accepted	
How will attendance at this conference benefit your research and your research group? (give details)			

BUDGET (in NZ\$)	
<b>Return travel</b> Attach screenshot of flight booking/quoted amount for your dates	
<b>Registration</b> Attach screenshot or invoice with amount	
<b>Accommodation</b> Attach screenshot of hotel booking/quoted amount for your dates	
Insurance	
Other expenses	
Specify nature of other expenses	
<i>Please note that attendance at conference dinners is usually not funded. Per diems or sustenance are not funded.</i>	
Total required for trip	<b>NZ\$</b>
<b>TOTAL REQUESTED</b>	<b>NZ\$</b>
Max \$1,000 for domestic conferences, \$500 for virtual conferences, and \$2,000 for international travel	
OTHER SOURCES OF FINANCIAL SUPPORT	
Have you applied to any other sources of funding for this conference? If so, please list with amount already secured. Include any Departmental/School funding.	
Departmental/School funds received	
Other funder and amount gained	

**PRIMARY SUPERVISOR TO COMPLETE**

Supervisor's comments re suitability of this conference **for this candidate**:

(if left empty, application will not be processed)

As PhD supervisor I fully support this application.		
Supervisor signature	Name	Date

**HOD/DEAN TO COMPLETE**

**The Department/Unit will be expected to cover any extra costs for University travellers not covered by the insurance and therefore the approver should carefully consider the relevant risks and whether the costs can be covered.**

*BMS, DSM, UOC and UOW*

As Head of Department, I support this application.		
HoD signature	Name	Date

*Pharmacy, Dentistry, Physiotherapy*

As Associate Dean Postgraduate/Research, I support this application.		
ADP/R signature	Name	Date

**SEND APPLICATION TO:**

Dr Manon Knapen, at [healthsciences.research@otago.ac.nz](mailto:healthsciences.research@otago.ac.nz)

Please also provide your abstract, evidence of your participation in the named conference (if already received) all required quotes, and the Postgraduate Travel Grant form (found here).

**For Health Sciences Divisional Office Use Only**

Application received	Date
Conference funds approved      \$.....	
Name and Signature	Date