**DIVISION OF HEALTH SCIENCES APPLICATION FOR CONFERENCE TRAVEL FUNDING for PhD and DClinDent students**

**Eligibility Rules:**

1. The conference should have major international standing (as judged by the student's supervisor and Head of Department)
2. The student must be presenting either orally or by poster.
3. The student shall not have exceeded 4.0 EFT years ***at the time of conference attendance***
4. The funding will be available to every Health Sciences PhD / DClinDent student ***once***during PhD / DClinDent enrolment, and will not usually be taken up in the first year of enrolment
5. A one page report shall be submitted within 6 weeks of return from the conference as outlined below.
6. Retrospective applications will not be accepted.
7. Where a student who meets the other eligibility criteria has already submitted a thesis, which is still under examination, they may apply for funding to attend a conference that takes place within 6 months of the date of the first submission of the thesis. They must present their PhD / DClinDent data at the conference under University of Otago branding.

**Guidelines**

1. A maximum of $2,000 will be awarded from the Division for each student. Costs beyond this will have to be met from other sources.
2. Students whose supervision/EFTS is split across Divisions should apply through one Division only – students are entitled to funding only once during their PhD.
3. An "international" conference should have an international audience and contributors. This may on occasion include conferences that are held in New Zealand. Conferences in Australia would be expected to attract at least some contributors from outside Australasia.
4. It is recognised that staff involved in Maori research may wish to use this funding for travel within New Zealand.
5. Departments/Schools do not need to monitor the over 4.0 EFTs rule. This data will be accessed centrally by the Divisional Office.
6. Travel insurance should be purchased, preferably from the central university provider. Costs of insurance will be included in the $2,000 award.
7. Visits to research institutions, etc. whilst away are acceptable, but costs incurred in addition to conference attendance must be funded from other sources.
8. Please fill out section 3c with care as this will be used to judge the appropriateness of the proposed conference.

**Application Dates**

The Division will accept applications for this scheme at any time. However, applications must be received at least three months prior to the date of travel.

Applications will be approved within two weeks of receipt.

**DIVISION OF HEALTH SCIENCES PhD / DClinDent APPLICATION FOR CONFERENCE TRAVEL FUNDING**

**Application Form**

**1. NAME OF APPLICANT:**

**Email:**

**Student ID:**

**Is your supervision split across Departments?**

**Primary Department:**

**Primary Supervisor:**

**Secondary Department:**

**2. PARTICULARS OF MEETING:**

1. Title of conference:
2. Venue:
3. Conference dates:
4. Dates of leave requested:

**3. PURPOSE OF ATTENDANCE**

1. Abstract attached? Yes/No

(Please circle or underline as appropriate)

1. Oral/poster accepted? Yes/No

Please circle or underline as appropriate AND please attach copy of 1. abstract(s) and 2. letter of confirmation or invitation (or provide these as soon as they become available)

1. How will attendance at this conference benefit your research and your research group? (give details):

**4. COSTS**

|  |  |
| --- | --- |
| **Estimated costs of:** | **(in NZ$)** |
| Return travel |  |
| Registration |  |
| Accommodation |  |
| Insurance |  |
| Other expenses |  |
| Specify nature of other expenses: | |
| **Total Required for trip** NZ$ |  |
| **TOTAL REQUESTED** NZ$  (max is $2000) |  |

**5. OTHER SOURCES OF FINANCIAL SUPPORT**

Have you applied to any other sources of funding for this conference? If so, please list with amounts already secured. Include departmental/School funding.

|  |  |  |
| --- | --- | --- |
| Funder | Funding agreed Y/N  If N give date of decision | Amount gained |
|  |  |  |

**6. SUPERVISORS**

**HoD's and/or Supervisors Comments re suitability of this *international* conference:**

As PhD supervisor I fully support this application.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:

As Head of Department I support this application.

(Students from OSMS, DSM, UOC, UOW)

HoD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Associate Dean Postgraduate/Research I support this application.

(Students from Pharmacy, Dentistry, Physiotherapy)

HoD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send a hard copy of this application to:**

Dr Kerry Galvin

Division of Health Sciences

PO Box 56

Dunedin

For further information email: kerry.galvin@otago.ac.nz

Or see the website:

http://www.otago.ac.nz/healthsciences/students/postgraduate/otago033835.html

**CONFERENCE REPORT**

All applicants who receive funding to attend a conference, must provide a brief (maximum one page) report on the conference, their participation and the benefit to their PhD / DClinDent **within 6 weeks of their return**. This report should be forwarded to the Health Sciences Divisional Office, c/o Dr Kerry Galvin. A copy should be sent to the appropriate person in your own Department or School.

**Name:**

**Conference title:**

**Conference dates:**

**Dates absent from the University:**

**Venue:**

**Title of your presentation(s) (indicate whether oral/poster):**

**Is an abstract to be published? (If so in which Journal)**

**Report (e.g. was your presentation well received, was the purpose for attendance at the conference achieved, were any new collaborations initiated, was the conference of value)**

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