Travelling Scholarship Application

**Available to members and student associates of the Society, successful applicants receive a maximum of £2,500 to support travel to laboratories and/or clinics, and if possible international meetings, to further their training. Three application deadlines annually – see website.**

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| --- | --- | --- | --- | --- |
| Name | |  | | |
| Address | |  | | |
| **Post code** | |  | | |
| **Home tel. no.** |  | | Work tel. no. |  |
| **Email address** | |  | | |
| Qualifications | |  | | |
| Present occupation/ education course: Organisation name and address | |  | | |
| Your position | |  | | |
| **Name and address of tutor/line manager** | |  | | |

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| --- | --- | --- | --- |
| **Name of higher/further education body/organisation providing the meeting/training/clinic:** | | | |
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| Details of proposed visit | Rationale *(max. 500 words)*: | |  |
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| **Detailed itinerary** *(max. 500 words)***:** | |  | |
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| *(continue on separate sheet if necessary)* | | | |
| **Benefits to be obtained and dissemination/implementation of knowledge/experience gained** *(max. 500 words)***:** | | | |
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| *(continue on separate sheet if necessary)* | | | |
| **Date of proposed commencement of visit:** | | | |
| **Date of expected return:** | | | |

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| **Have you attended a meeting/course/training event within the last six months?** *(If Yes, please give details and state whether you received funding for this training)* | |
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| **Have you applied to any other source for funding?** *(Please give details)* | |
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| **Have you been denied funding from your educational/employing body?** | |
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| **Signature of applicant:** | **Date:** |
| **Signature of tutor/line manager:** | **Date:** |
| **Please return this form and supporting documents to: graham@addiction-ssa.org** | |
| **Please attach:**   1. **\*Letter from tutor/line manager (preferably a member of the SSA) to confirm organisational support of the proposed study activity. This is essential to the processing of the application** 2. **Full expected budget** 3. **Letter of confirmation from employing authority that study leave will be granted if application is successful** 4. **Copy of submitted abstract** 5. **Supporting statement from proposed host centre (including letter of invitation where appropriate)**   **\*This letter should show:**   * **The benefit to the applicant or organisation;** * **The employer’s position regarding funding;** * **Support for the time required to undertake the visit and associated work;** * **An opinion of the applicant’s ability to complete the activity**  1. **Brief CV, highlighting degrees, awards & publications** | |
| **Successful applicants must submit a report to the SSA after the event (at the above address), with details of the expenses they would like refunded, including receipts.** | |

**An eligible member/associate is defined as one in the early-mid part of their career and not more than five years post-doctoral. Preference will be given to applicants who:**

* **Are giving a presentation at the meeting they wish to attend**
* **Will combine their visit(s) to a laboratory(ies) and/or clinic(s) and/or to a meeting with an expert associated with their field of addiction, with presentation of their scientific work at a meeting**
* **Are active members/associates of the SSA as evidenced by attendance at the Annual Symposium**

**Submit your completed application form and supporting documents by email, or using the online form, by one of the three application deadlines annually – see website.**

**Application assessment: The Travelling Scholarship Coordinator and one other Trustee – appointed from the SSA’s Trustees – will rank applicants using the criteria outlined on our website. The Coordinator’s decision will be reported to the Board of Trustees, and applicants informed of the decision shortly after.**