

Association of Clinical Pathologists

TRAVEL FUND APPLICATION FORM

1 Name of applicant (please print)

2 Telephone number Best time to call

Mobile Telephone Number

Email address

3 Address

4 Address of laboratory/department etc where applicant is employed, if different from 3

5 Title, location and dates of the conference or details of other educational activity proposed, with a brief description of the expected scientific content if the meeting is not well known. (A copy of the programme and registration details should be enclosed where possible. Verifiable details of travel accommodation and other expenses should be enclosed).

6 Estimate the costs (please delete within brackets as appropriate)

A) Registration £.....

B) Travel £..... (eg rail, air and taxi fares and parking fees)

C) Subsistence £..... (hotel, hostel, other)

D) Other expenses £ (please specify

7 Sum requested, if different in total from 6

8 Details of all other applications for grants for the same purpose, whether successful or not, must be given, preferably with photocopies of applications and replies.

Source of grant	Successful/unsuccessful	Amount awarded
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Signature of applicant Date

Signature of educational supervisor..... Date

(Only trainee members require an educational supervisor to sign this form)

Are you a member of ACP Council or Postgraduate Education Committee?

Please return completed form by post to:

The ACP Postgraduate Education Secretary
Association of Clinical Pathologists
189 Dyke Road, Hove, BN3 1TL
01273 775700

and also by e-mail to rachel@pathologists.org.uk

Please list all courses or meetings attended in the past three years
whether funded by the ACP or not (trainees only)