For office use only

Grant ID:

*The College of Radiographers will use the application details that you provide for purposes associated with the College of Radiographers Overseas Conference Attendance Award, such as education, the administration of events, research, promotion and fundraising. Our lawful basis for processing your information is to manage your funding application and fulfil our legitimate interest as a professional body. Some of your information will be shared with the Society of Radiographers. We will retain all information you submit for the duration of the application process and, should you be successfully awarded funding, the duration of the funding period. Thereafter, your information will be retained as verification of your application and for reference in relation to the award. For detailed information about how we use your information please see* [*http://www.sor.org/privacy-statement*](http://www.sor.org/privacy-statement)

**Overseas Conference Attendance Award**

**Application Form**

All sections must be completed as fully as possible.

If all required information is not supplied, the application will be rejected automatically.

Please ensure you have read the accompanying **criteria for applications** document before completing this form.

**Name of applicant(s) (if team – names of all applicants presenting)**

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**Current position and institution (if team – positions of all applicants presenting)**

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**Telephone number (main applicant)**

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**Email address (main applicant)**

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**Society of Radiographers membership number (if team – membership of all applicants presenting). not required if you are applying as an educator who is not a radiographer.**

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**Health and Care Professions Council Registration number or appropriate voluntary register details (if team – all registrations of all applicants presenting). not required if you are applying as an educator who is not a radiographer.**

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**Title of oral paper**

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**Abstract (if this is already accepted please provide evidence separately)**

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**Proposed conference and explanation as to why this event is relevant and/or appropriate**

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**Potential impact**

Please indicate how this research is expected to impact service users, patient care, and/or the radiographic profession.

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**Expected outcomes**

Please provide a summary of expected outcomes from this research.

Successful applicants must agree to prepare an article for publication in *Synergy* or *Insight* on their experience, and are encouraged to publish the findings of their work in *Radiography*.

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**Costs**

Funding for this award is a set value of £500. The monies awarded are for costs associated with registration, travel, accommodation, subsistence and insurance.

**About you**

Please provide a paragraph about yourself below and attach a short CV (no more than two pages).

Please be aware the assessment process is **not** **anonymous** so personal details and CV will be forwarded to the assessment panel.

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**Name and signature of main applicant**

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**Name and signature of service manager/professional lead**

Please also provide a separate letter of support from your manager

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**Please note that funding will not be released until notification has been received from the conference organisation committee confirming that the abstract has been accepted for presentation as an oral paper**.

**Application checklist**

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| Read accompanying criteria for applications document |[ ]
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| Complete all fields of application form as fully as possible |[ ]
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| Prepare short CV(s) to accompany your application |[ ]
|  |  |
| Acquire a letter of support from your manager |[ ]

**Return of application form**

Please return this form in **Microsoft Word format** to pande@sor.org