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| WFSociety for Wildlife Forensic Science |

SWFS Travel Grant (TG) Application Form

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| **Title:** Up to 20 words briefly describing the destination and purpose of travel | | | | | |
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| **Details of Traveller 1 (required):** Must be a SWFS member | | | | | |
| **Name and Title:** |  | | | | |
| **Institution:** |  | | | | |
| **Department/Section:** |  | | | | |
| **Position and type of appointment:** |  | | | | |
| **Telephone:** |  | | **Email:** |  | |
| **Details of Traveller 2 (optional):** | | | | | |
| **Name and Title:** |  | | | | |
| **Institution:** |  | | | | |
| **Department/Section:** |  | | | | |
| **Position and type of appointment:** |  | | | | |
| **Telephone:** |  | | **Email:** |  | |
| **Details of Host (required):** | | | | | |
| **Name and Title:** |  | | | | |
| **Institution:** |  | | | | |
| **Department/Section:** |  | | | | |
| **Position and type of appointment:** |  | | | | |
| **Telephone:** |  | | **Email:** |  | |
| **Proposed travel schedule:**  Please provide the following information: Flights, dates, accommodation | | | | | |
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| **Purpose of travel:**  Explain the planned knowledge exchange or training, who will benefit and what are the expected outcomes of the visit (new techniques, capacity, casework support, publications etc)? | | | | | |
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| **Justification:**  Explain why it is necessary to travel in person, rather than use electronic communications | | | | | |
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| **Budget:** Provide an itemised estimate of travel costs and total grant request. | | | | | |
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| **Applicant(s) signatures** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Traveller1**  (please print) | | **Signature** | | | **Date** |
|  | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Traveller 2**  (please print) | | **Signature** | | | **Date** |
|  | | | | | |
| **Signature of host** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Host**  (please print) | | **Signature** | | | **Date** |
|  | | | | | |
| **Authorised signature from traveller organisation (eg Department/Section Head)** | | | | | |
| I support this application for a small grant | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Head of Discipline / Section** (please print) | | **Signature of Head of Discipline / Section** | | | **Date** |
|  | | | | | |
|  | | | | | |