**Application for Urolink Travel grant or award**

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| **Applicant Details** |
| **Full Name:**  |  |
| **Email addresses:**  |  |
| **Contact Number:**  |  |
| **Current Post:**  |  |
| **Work Address:** |  |
| *If applicable***Training Number:** |  |
| **Level of Training** (i.e. ST6 etc):  |  |
| **Previous overseas experience, if any** |  |

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| **Details of Proposed Visit** |
| **Country where visit will take** **place:** |  |
| **Institution or workshop** |  |
| **Host Head of Department:** |  |
| **E mail address** |  |
| **Proposed Dates:** |  |
| **Intended length of visit:** |  |
| **Others travelling with you:** |  |

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| **What is the purpose of the visit?** |  |
| **How will the objectives be met?** |  |
| **Trainees: Specify OOP type** |  |
| **Trainees: Has educational approval been sought from deanery?** |  |
| **Trainees: Specify what educational objectives will be achieved during the visit.** |  |

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| **Please provide a breakdown of estimated costs, total amount applied for and other potential sources of funding:** *Please note, reimbursement from BAUS will be subject to submission of an Expenses Claim Form and appropriate receipts* |
| **Airfare** |  |
| **Incidental travel expenses** |  |
| **Hotel costs** |  |
| **Visa** |  |
| **Other costs (specify)** |  |
| **Total** |  |

**If your visit is NOT organised by Urolink, please include visit details ie. Description of host centre, background to visit, aims agreed with host.**  *(Please do NOT include attachments with your application (250 words max)*

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**Funding is conditional on the provision of a visit report (link to visit report template)**

Checklist

Save this application form as a Word Document and submit the following electronically to urolink@baus.org.uk.

* Application form
* If the visit is not organised by Urolink, an invitation or letter of support from the Host Head of Department
* If you are a trainee, a letter of support from your UK training supervisor

*If you are not able to submit the supporting letters electronically ensure they are posted with the signed application form.*

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| Signature………………………………………………………………………………………………………….. |

The information supplied will be circulated to members of the Urolink Executive Committee. It will be held in accordance with the Data Protection Act 1998.