

HAEMATOLOGY AND EDUCATION RESEARCH TRUST

Company Registration Number: 506370

Charity Number: CHY19845

Application form for Educational Bursary/Reimbursement

PERSONAL INFORMATION:

Name: _____

Address: _____

E-mail Address : _____

Tel: (____) _____

POSITION:

PLACE OF WORK:

.....

PROPOSED COURSE / EDUCATION MEETING / CONFERENCE:

DATES:

LOCATION:

Has attendance at this educational activity been approved by your line manager?

Yes **No** *Please circle one*

AMOUNT OF FUNDING SOUGHT (Euro):

Please give maximum estimated amount required. The final reimbursement will be based on receipts, which must be submitted

Course/conference registration fees:

Travel expenses:

Accommodation expenses:

Total:

Have you sought funds from any other sources? Yes No *Please circle one*

If Yes, which sources:

Have you received funds from any other sources? Yes No *Please circle one*

If Yes, which sources:

If attending a conference

1. Have you submitted an abstract? **Yes No** *Please circle one*

2. Have you had an abstract accepted? **Yes No Decision pending** *Please circle one*

Please describe the benefits from this educational activity:

Signature _____ Date _____