

**APPLICATION FOR FUNDING   
FROM THE IAHS STAFF DEVELOPMENT BUDGET**

**Criteria for applications:**

* This form should be completed in full, electronically signed by the applicant’s day to day line manager/supervisor to confirm their support of the proposed activity and returned via email to Kelly Gray (kelly.gray@abdn.ac.uk)
* Applications for funding should be made prior to the conference/course dates. Retrospective applications will not be considered.
* A maximum of one payment of up to £300 (**for poster presentation at a conference, for oral presentation at a conference, for a 3 minute presentation at a conference or for training**) will normally be allowed for an individual in any financial year [August 1st – July 31st]. The SDG will consider applications where evidence is noted that matching funds have been **identified** from an alternative source. Under **EXCEPTIONAL CIRCUMSTANCES**, the SDG may consider applications where **NO** matching funds can be identified (this must be confirmed by the group’s lead/Director). **Please note that the event must take place within the financial year.**
* Any change in circumstances for attendance will need to be communicated **in advance** to the committee as it could have repercussions.
* Applications by **junior/mid-career researchers** and **PhD students** will be given priority over senior researchers, particularly those applications from individuals who have not received SDG funding in the past 2 years.
* The SDG will consider applications from early-career researchers for **networking purposes** only where applicants can provide justification as to why they qualify.
* A successful applicant will be expected to submit a short report to the SDG within two months of the conference/training event. Applicants failing to return their report will be exempt from applying to the SDG for funding the following financial year.

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| Name: (Block Capitals) |  |
| Post: |  |
| Research Group: |  |
| Email Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Conference/Course or other activity: | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | |
| Location: | | | | | | | | | | | | |
| Date(s) | | | | | | | | | | | | |
| Is attendance at this event in line with the objectives set at your most recent Annual Review? | | | | | | | | | YES/NO | | | |
| Are you attending a conference?:  Yes, virtual Yes, in person No  If yes, are you giving: (*please tick all that apply*)  Oral Presentation Poster Rapid (e.g. 3 min)  Presentation  **(*Please attach a copy of the abstract to the application, if applicable*)** | | | | | | | | | | | | |
| Please provide details on how this conference/course will support your staff development: | | | | | | | | | | | | |
| Funding Opportunities | | | | | | | | | | | | |
| Have you approached your line manager for financial support for the matching funds?  If **yes**, please indicate either where these funds will come from, or explain why they can’t be matched (***this is under exceptional circumstances only***).  If **no**, please provide a reason as to why you have chosen not to approach your line manager to discuss financial support for matching funds. | | | | | | | | | | | | YES/NO |
|  | | | | | | | | | | | | |
| Please provide details of any applications made to other sources for matching funding to attend this event: | | | | | | | | | | | | |
| Funding | | | | | | | | | | | | |
|  | Total Cost | Matching Funds from Alternative Sources\* | | | | | | Funding Requested from Staff Development Budget | | | | |
| Registration Fees: |  |  | | | | | |  | | | | |
| Accommodation: |  |  | | | | | |  | | | | |
| Travel: |  |  | | | | | |  | | | | |
| Subsistence: |  |  | | | | | |  | | | | |
| Other *(specify):* |  |  | | | | | |  | | | | |
| **TOTAL** |  |  | | | | | |  | | | | |
| *\* To be left blank if no matching funds* | |  | | |  |  | |  | | |  | | |
|  | | Block Capitals | | | Signature | | | | | | | Date |
| Applicant: | |  | | |  | | | | | | |  |
| Line Manager: | |  | | |  | | | | | | |  |
| Group Lead/Director:  If different from Line Manager and no matched funding | |  | | |  | | | | | | |  |
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| Funding Outcome | | | | | | | | | | | | |
| Staff Development Funds Awarded | | | Yes |  | No | |  |  | | | | |
| If no, please provide explanation: | | | | | | | | | | | | |
|  | | | Signature | | | | | | | | | Date |
| SDG Member:  (*Block capitals)* | | |  | | | | | | | | |  |
| SDG Member:  (*Block capitals*) | | |  | | | | | | | | |  |

***Completed application forms should be emailed to Kelly Gray at kelly.gray@abdn.ac.uk***