**TRAVEL GRANT APPLICATION FORM**

**Administrative information**

Date of meeting: Click here to enter text.

**General information**

Abstract title: Click here to enter text.
Author(s): Click here to enter text.
Institution: Click here to enter text.
Job role: Click here to enter text.

**Contact details**

Name of applicant: Click here to enter text.
Address: Click here to enter text.
RSM membership no (if applicable): Click here to enter text.
Mobile number: Click here to enter text.
Email address: Click here to enter text.

**Name and signature of consultant dermatologist and hospital supporting application**

****

**Travel/accommodation expenses estimate and breakdown:**

Click here to enter text.

**Please write one paragraph as to why you will benefit from this travel fellowship:**

Click here to enter text.

**Have you attended this meeting before and when?**

Click here to enter text.

**Have you received this travel fellowship before and when?**

Click here to enter text.

**RESTRICTIONS**

1. Travel fellowships are available to dermatology trainees in UK or Ireland
2. The trainee should be based at a hospital at greater than 100 miles from the RSM
3. Travel fellowships are intended for trainees to attend a Section of Dermatology RSM meeting
4. Open to trainees who are presenting an oral or poster presentation at the meeting
5. The fellowship is towards the cost of travel and accommodation for the meeting. The maximum is £250 per grant
6. Receipts will need to be provided after the meeting before receiving the grant
7. Applications should be made at least 3 weeks before the meeting to dermatology@rsm.ac.uk
8. Only one grant can be awarded per person in each academic year