** ASSOCIATION FOR THE STUDY OF**

**ANIMAL BEHAVIOUR**

**APPLICATION FOR AN**

**ASAB ACCESSIBILITY GRANT**

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| Please save the completed application form as ‘*Surname*Access.doc’ and submit as an email attachment to the [Secretary of Grants and Awards Committee](https://www.asab.org/grants-committee), Dr Kate Lessells [klessells.science@gmail.com](mailto:klessells.science@gmail.com)  For closing dates, eligibility etc, see the [Grants section of the ASAB website](https://www.asab.org/grants-and-awards).  NB: Grants are available ***only for ASAB******Conferences and Interdisciplinary workshops****.*  **Blue shading indicates parts of the form to be read or completed by the applicant, and green by your referee.**  **In tables:** - Enter your responses in the unshaded cells  - Extra lines will appear in a cell if you keep typing at the end of a line or press <enter> |

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| **ASAB Conference Attendance and Childcare Grants**  In addition to the Accessibility Grants, ASAB also offers Conference Attendance and Childcare Grants for ASAB conferences | |
| Are you also applying for an ASAB **Conference Attendance** Grant for this conference? | Yes/No |
| Are you also applying for an ASAB **Childcare Grant** for this conference? | Yes/No |
| **If you are applying for either or both of these additional grant types** fill in separate forms (downloadable from the ASAB website) for each type of grant, and attach all of the grant applications to the same submission email | |

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| **Details of Applicant** | | | | | | |
| Name: |  | | | | | |
| Email: |  | | | | | |
| Address: |  | | | | | |
| University education (insert more rows if necessary): | | | | | | |
| Type of degree (eg BSc) | Subject of degree | Class of degree | When obtained | | Institution (also give town/city, country if not included in name of institution) | |
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|  |  |  |  | |  | |
| Current position(s), (include the name of institution, and town/city, country if not included in name of institution) | | | | Date of appointment | | Is this a paid position? |
|  | | | |  | | Yes / No |
| Recent publications (to a maximum of 3): | | | | | | |
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| **Details of ASAB Conference or Workshop** | | |
| Name of ASAB conference/ workshop: | | |
|  | | |
| Location | Start date | Finish date |
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| **Why is it important that you attend this conference?** (maximum 100 words) |
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| **Contribution to the conference** (note that it is not required for applicants to present their work, but this may be taken into account) | |
| Title: |  |

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| **Why do you need an ASAB Accessibility Grant?** (maximum of 150 words)?(note that medical or similar personal details are not required) |
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| **Additional costs related to your accessibility needs**  ASAB Accessibility grants are given to cover the additional costs of accessibility needs. For example, you may need to use more expensive means of transport or more expensive accommodation. The costs declared below should therefore be **the difference between the cost for you to attend the conference, and that of someone without your individual needs.** The scheme is intended to be flexible, so please include any justifiable individual needs costs. The maximum grant is £500. | | |
| **AMOUNT REQUESTED FROM ASAB:** | | **£** |
|  | | Brief explanatory details |
| Additional travel costs | £ |  |
| Additional accommodation costs | £ |  |
| Additional subsistence costs | £ |  |
| Other costs Add extra rows if needed. | £ |  |
| £ |  |
| Other sources of funding sought for this conference, including Departmental funds. Indicate amounts already awarded, further amounts sought, and the date on which decisions are expected. (**Inform the Grants Secretary as soon as such decisions are received**.) | | |
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| List the dates of all previous ASAB Accessibility Grant applications and their outcome: |
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| I certify that I am a member of ASAB | |
| Name: |  |
| Date: |  |

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| Once you have completed the above pages and your name on the next page, give the form to your referee (a senior colleague who need not be an ASAB member), who is asked to complete that section of the form.  Note: applications may not be considered if there is no accompanying referee’s statement |

**STATEMENT BY REFEREE**

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| Applicant’s name: |  |
| The above has applied for an Accessibility Grant to attend an ASAB conference. In order to evaluate this request I would be grateful if you could comment on the quality of the applicant’s work, the relevance of the conference to the applicant, the financial need of the applicant and any other comments that you feel are relevant to the application. You may use this form or an email containing the above information plus the information requested below the space to make your comments. | |

[Insert your comments here, making space available as needed]

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| Name of referee: |  |
| Email: |  |
| Institutional address: |  |
| Relationship to the applicant: (eg PhD supervisor, senior colleague, etc) |  |
| Date: |  |

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| **Completed applications should be saved with the file name ‘*SurnameAccess.doc*‘** **and sent as an email attachment to the** [**Secretary of ASAB Grants Committee**](https://www.asab.org/grants-committee)**, Dr Kate Lessells, at** [**klessells.science@gmail.com**](mailto:klessells.science@gmail.com) |