# Food Oral Processing 2018 – Travel Grant Application Form

Travel grants of up to £250 are available for students travelling to FOP18 from the UK/EU, and grants of up to £500 are available for students travelling from outside Europe. The grants must be used for travel costs associated with attending Food Oral Processing 2018 in Nottingham, UK.

Please ensure this application form is fully completed and returned to [FOP18@nottingham.ac.uk](mailto:FOP18@nottingham.ac.uk) by February 28th 2018. Your application must be accompanied by copies of travel cost quotations.

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| **1 PERSONAL DETAILS** | | |
| Surname |  | Mr  Miss  Ms  Dr |
| Forenames |  | |
| University and country |  | |
| Year of study at the time of travel |  | |
| Course of study |  | |

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| **2 VISIT DETAILS** |
| Have you submitted an abstract to Food Oral Processing 2018?  Paper Poster Date of submission  Yes  No |
| Identify the value of the conference for you and explain how attending this conference is relevant to your research and future career aspirations. |

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| **3 RESOURCES REQUIRED FOR THE VISIT** | | | |
| Please provide details below of all the travel costs for your proposed visit, indicating the source of the information. Scanned copies of all quotes/documentation must be included in your application. | | **COST (£)** | |
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|  |  | |  |
| ***Total travel cost of the visit*** | **£** | | |

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| Please provide a brief justification of your budget (eg efforts to minimise costs), explain how the balance will be funded (if the total is greater than the grant awarded) and what steps you have taken to secure funding from other sources. |

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| **4 DECLARATIONS** |
| **Applicant's Declaration**  I understand that if awarded a grant, I will be required to provide an account of expenditure together with scanned copies of all relevant receipts.  **Name** (BLOCK CAPITALS)  **Signed** ……..…………………………..…………….... **Date** |

**Supervisor Statement of Support**

This is a competitive award to support high quality postgraduate research students. Please ensure that your supervisor has completed the following statement of support.

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| Name of supervisor: |
|  |
| **Please comment on the following:**   1. The quality of the student and the value to the student of participating in Food Oral Processing 2018. |
| 1. How this activity will support the student’s research and career. |
| I fully support this student’s application  Signed …………………………………………......................... Date |