

APPLICATION FORM FOR THE ORTRUD MUEHRER TRAVEL GRANT'

Personal details		
Title:		
First name:		
Surname:		
Country of residence:		
Nationality:		
Current home address (Street, Post Box, ZIP Code, City, Country):		
Phone (+country code):		
Email:		
Professional background		
Name of current employer/institution		
Faculty/Department		
Address of Employer/Institution(Street, Post Box, ZIP Code, City, Country)		
Application details		
I would like to use the, Ortrud Muehrer Travel Grant' to attend the following meeting/course:	Title of event:..... Duration of event: DD/MM/YYYY – DD/MM/YYYY	
Have you ever taken part in a scientific meeting and/or training programme at the BNITM before? [Please TICK the appropriate answer]	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
Are you receiving any additional funding support from a third party to attend this scientific meeting or training programme? [Please TICK the appropriate answer]	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
Have you ever received any stipend, fellowship or grant from the BNITM before? [Please TICK the appropriate answer]	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
Have you secured funding to cover the remainder of the cost (if any) needed to attend the meeting/programme? [Please TICK the appropriate answer]	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I have read and understood the privacy statement <input type="checkbox"/> You can find the privacy statement here .		
Date/Place:..... Signature of applicant:		

