## THRI HDR Travel Award Application Form

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| SECTION A - Student Details | | | | | |
| Full Name | | | Student Number | Year of Candidature i.e. 1,2,3,etc | Primary Supervisor Name |
|  | | |  |  |  |
| Program of Study | | | PhD  MPhil | | P/T  F/T |
| SECTION B – Eligibility | | | | | |
| Please select from the options below. | | | | | |
| CONFERENCE – Oral Presentation CONFERENCE – Poster Presentation | | | | | |
| INTERNATIONALDOMESTIC | | | | | |
| **Conference Details**– supporting documents confirming your attendance must be attached. | | | | | |
| Name of Conference (include a link to their website) | | | | Dates: | Location: |
| Title of your presentation/poster: | | | | | |
| I have passed my CoC  I am presenting my own research and I am the lead author  I have satisfactory progression as evidenced in my recent APR  I am not on a leave of absence currently, nor will be during the conference.  I am not on an extension of candidature  I agree to provide THRI with a conference photograph/s and article for the eNews on my return from  the conference (within 10 working days)  I agree to comply with WSU travel policy and understand flights and/or accommodation funded by the   award must be booked via WSU travel agents  I confirm that I am able to cover any costs not funded by this travel award or other external   sources  **I have attached a copy of:**  My abstract  Confirmation of acceptance by the conference organisers  Evidence of external travel award applications/awards where applicable | | | | | |
| SECTION C – Student Statement | | | | | |
| Please outline how presenting at this conference:   * 1. benefits your research   2. how attendance is relevant at this stage of your candidature.   3. benefits THRI/WSU | | | | | |
|  | | | | | |
| Are other students or staff attending this conference? Who? (ask your supervisor and HDR Admin Officer) | | | | | |
| Have you previously received candidate support funds for conference travel?  Yes  No | Conference Name:  Conference Location:  Date:  Total funds allocated:  Conference Name:  Conference Location:  Date:  Total funds allocated:  Conference Name:  Conference Location:  Date:  Total funds allocated: | | | | |

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| SECTION D – Travel Expenses | | | | |
| Please show all expenses related to this travel.  THRI funded travel arrangements must be booked via the WSU travel agent by the THRI administration team. Students are not permitted to direct book their travel without prior approval from THRI Co-Director, Research. Students direct booking their travel will not be reimbursed for these expenses. | | | | |
| **Expense type** | **Expense details** | | | **Estimated cost AUD** |
| Airfares |  | | | $ |
| Accommodation |  | | | $ |
| Registration | Include early bird deadline date: | | | $ |
| Associated Travel Costs (meals, transfers, poster printing, VISA, private insurance if required, tips, incidentals etc) |  | | | $ |
| **Total Expenses** | | | | $ |
| **Funding provided by supervisor** | | | | $ |
| **External Funding i.e. Conference, external travel award (if awarded)** | | | | **$** |
| **Personal Contribution if required** | | | | **$** |
| **HDR THRI Travel Grant requested** | | | | **$** |
| SECTION E – Applicant Certification | | | | |
| I confirm that all details of this application are true and correct | | | | |
| Applicant Name: | | Signature: | Date: | |

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| SECTION F – Supervisor Endorsement | | |
| Supervisor: Comment below on the quality of the conference and importance to the student at this stage of their candidature. | | |
| Student’s Status is ‘Active’ Student is not Overtime  Latest APR shows satisfactory progress | | |
|  | | |
| Supervisor Name: | Signature: | Date: |
| I confirm funds from my account will be made available for this student’s travel.  Cost Centre:  Project Code:  Amount:  Balance Available: | | |
| SECTION G – HDR Director Approval | | |
| OFFICE USE ONLY - TO BE COMPLETED BY THE HDR DIRECTOR ON BEHALF OF THE REVIEW PANEL | | |
| Funding approved: Yes Amount $  No (reason below) | | Date:  Signature: |
| SECTION H – Co Director, Research Approval | | |
| OFFICE USE ONLY - TO BE COMPLETED BY THE THRI CO-DIRECTOR, RESEARCH | | |
| Funding approved: Yes Amount $  No (reason below) | | Date:  Signature: |