###### Research

###### Workshop & Conference Support

*Application Form for Support for Research Workshop/Conferences*



June 2018

*The application form should be saved as a .pdf file and submitted by e-mail to* [*eimear.cowan@hscni.net*](mailto:eimear.cowan@hscni.net)*. The signatories who have e-signed the application declaration page (section 7) must be cc’d into the submission email*

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|  | **PLEASE COMPLETE IN TYPESCRIPT** |  |
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| **1.** | **APPLICANT’S DETAILS** | | | | | | | |
|  | Name |  | | | | | |  |
|  | | | | | | | | |
|  | Employing organisation |  | | | | | |  |
|  | | | | | | | | |
|  | Address |  | | | | | |  |
|  |  | | | | | |
|  |  | | | | | |
| Postcode |  | | | | | |
|  | | | | | | | | |
|  | Telephone | STD Code |  | No. |  | Ext |  |  |
|  | | | | | | | |
| E-mail |  | | | | | |  |
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| **2a.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE | | | | |
|  | Title of event | | | |  |
|  |  | | | |  |
|  | | | | | |
|  | Date(s) of event (dd/mm/yy) |  | Duration of event |  |  |
|  | | | | | |
|  | Proposed Venue |  | | |  |
|  | | | | | |
|  | Justification of Venue (if applicable) | | | | |
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| **2b.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE (cont.) | |
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|  | Audience details | |
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|  | Description of event including detail of the research component | |
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| **2c.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE (cont.) | | |
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|  | Details of **Personal and Public Involvement** in the event planning, efforts to circulate details of the event to suitable individuals and organisations | |  |
|  |  | |  |
|  | | Have you identified one or more service user(s) to attend the event free of charge? If not, and you would like assistance with identifying appropriate service users/members of the public to attend, please state this below. | |
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|  | Details of the proposed **benefit** that this Research Workshop/Conference in Northern Ireland will have for the HSC. | |  |
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| 3a. | FINANCE | | | |  | |
|  | Total cost of event | | £ |  | | |
|  |  | | | | | |
|  | Support requested from HSC R&D Division | | £ |  | | |
|  |  | | | | | |
|  | Name of Institution who will be Administering the Award |  | | | |  |
|  |  | | | | | |
|  | Support secured from other organisation(s) | | | | | |
|  | Name(s) of supporting organisation(s) |  | | | |  |
|  |  | | | | | |
|  | Level of funding secured | £ | | | |  |
|  |  | | | | | |
|  | Details of any non-monetary support |  | | | |  |
|  |  | | | | | |
| **3b.** | JUSTIFICATION FOR SUPPORT | | | | | |
|  | Please provide detail and justification for the support requested. | | | | |  |
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| **4.** | DECLARATIONS | | | | | |
|  | Applicant | *I confirm that the conference/workshop is non-profiting making.*  *I have read the ‘Guidance for Research Workshop/Conference Support Scheme’ and agree to abide by the conditions under which a grant is awarded.* | | | |  |
|  | | | | | | |
|  | Signature  (e-signature acceptable) | |  | Date |  |  |
|  | | | | | | |
|  | | | | | | |
|  | **Authorised signatory for institution administering the Award** | | *I confirm that the below named organisation has a record of this application for an HSC R&D Workshops and Conferences Award.*  *I confirm that the below named organisation will administer the Award.* | | |  |
|  | | | | | | |
|  | Name | |  | | |  |
| Position | |  | | |
| Organisation | |  | | |
|  | Address | |  | | |  |
|  | Email | |  | | |  |
|  | Telephone | |  | Ext |  |  |
|  |  | | | | | |
|  | Signature  (e-signature acceptable) | |  | Date |  |  |
|  |  | | | | |  |

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| --- | --- | --- |
|  | The application form should be saved as a .pdf file.Please submit completed application forms by e-mail to: [eimear.cowan@hscni.net](mailto:eimear.cowan@hscni.net)The signatories who have e-signed the application declarations must be cc’d into the submission email. |  |
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