**FSE Doctoral Academy Support Fund**

**Faculty of Science and Engineering**

FSE Doctoral Academy Support Fund Application Form

This form is issued by the Doctoral Academy. Please read **the guidance notes** in full prior to completing this form.

*This completed form should be returned by email to Doctoral Academy Experience Team at:* [*FSE.doctoralacademy@manchester.ac.uk*](mailto:FSE.doctoralacademy@manchester.ac.uk)

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| **SECTION 1: PGR DETAILS** | | | | | | |
| **Surname** |  | | **Title** | |  | |
| **Forename** |  | | **ID Number** | |  | |
| **Email Address** |  | | | | | |
| **Attendance** | **Full time**  **Part time** | |  | | | |
| **Department** |  | | | | | |
| **Year of Study** | **1st** | **2nd** | | **3rd** | | **Submission Pending** |
| **Main Supervisor’s Name & Email Address** |  | | | | | |

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| **SECTION 2: PGR’s Statement – 300 words maximum** |
| *Please include:*   1. ***Full details of type of event*** *including: name, date of conference/training.* 2. ***An itemised total cost of attendance at the event*** *(including registration fees, transport, accommodation, and visa fees, where applicable. Subsistence is not normally supported unless there are compelling reasons (i.e.; medical needs, childcare, etc)).* 3. ***Why attending the training or conference will benefit you*** *and how it will impact on your research and studies.* |

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| **SECTION 3: Supervisor’s Supporting Statement – 300 words maximum** |
| *Please provide a statement from your supervisor which clearly indicates why these Support funds are required*: |

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| **SECTION 4: Current Funding** |
| **How is your studentship funded** *e.g. EPSRC, self-funded, sponsor, industry etc.):* |
| **If funding is allocated, outline why additional support is required** |
| **Priority will be given to PGRs who can demonstrate an effort to seek additional funding.** *Describe any applications you have sought/secured. Evidence of this must be provided.* |

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| **SIGNATURES *(electronic signatures are acceptable)*  Date** | | |
| **PGR** |  |  |
| **Supervisor** |  |  |

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| **OFFICE ONLY** | |
| **APPROVE** | **REJECT** |
|  | |
| **Authorising Signature:** |  |
| **Date:** |  |
| **Amount awarded:** |  |