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| **School of Biological Sciences Carer Support Fund**  **Application Form** |
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| Applicant’s Details | |
| Title: | Name: |
| Division: | |
| Tel No.: | Email: |
| Post held: | |
| Conference/Training Course Details | |
| Title of meeting: | |
| Date of meeting: | |
| Location of meeting: | |
| Reason for attendance: | |
| Provision of care required | |
| Please provide details of the care for which you are seeking funding *(e.g., conference nursery/daycare/ babysitting costs, travel costs for children or care provision for elderly parents, family member, other care provision)*: | |
| Who will provide this care? | |
| Any other relevant information you wish to provide? | |

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| Estimated costs & declaration | | |
| *Please note that you will be required to provide original receipts before payment can be made.* | | |
| Please provide a breakdown of care costs: |  | |
| Total cost applied for (max. £400) | £ | |
| 1. To the best of my knowledge, the information given in this application is accurate and complete. 2. I understand that applications are limited to one claim per trip (maximum £400) and two claims per person per academic year and can only be claimed retrospectively. | | |
| Signature: | | Date: |
| Line Manager support | | |
| I *(print name)* certify that I am in full  support of the above application made by (insert name): | | |
| Signature: | | Date: |
| *Please send your completed application to your Head of Division/School Operations Manager (for PS requests)* | | |