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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.
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| 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)*  |