

SECOMB CONFERENCE AND TRAVEL FUND APPLICATION FORM

APPLICATION INSTRUCTIONS

Please read the [Secomb Conference and Travel Fund Application Guide](#) before completing this application.

Applications for funding must be made in advance of the conference. Applications will be received for the six months prior to each closing date. Applications for retrospective funding **will not** be considered.

A. PERSONAL INFORMATION (Please Print or Type)

Title:	Surname:	Given Name:
VU Email:	VU Student ID:	
Daytime Contact Number:		

B. COURSE DETAILS

Degree title:
Institute:
Please indicate whether you are studying part-time or full-time: Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>
Please indicate whether you are a Domestic or International student: Domestic <input type="checkbox"/> International <input type="checkbox"/>
Date of initial enrolment:
Date of Confirmation of Candidature presentation:
Date of Institute Approval of Candidature:
Number of full-time (or equivalent) months enrolled in course:

C. CONFERENCE DETAILS

Conference name:	
Conference date:	
Conference location:	
Name of proposed presentation:	
Conference details: International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Referred <input type="checkbox"/> Non-Referred <input type="checkbox"/>	
What do conference organisers require for referencing? Abstract <input type="checkbox"/> Full Paper <input type="checkbox"/>	
Will paper be published in conference proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What type of presentation are you giving? Oral <input type="checkbox"/> Paper <input type="checkbox"/>	

D. STATEMENT OF JUSTIFICATION

Please indicate how attendance at this conference will assist your research. It will assist the Selection Committee if you address each of the **Selection Criteria** listed in the [Secomb Conference and Travel Fund Application Guide](#).

Please use the space provided (no more than 1 additional page will be considered)

E. FUNDING

Please indicate the amount of funding sought:

Registration fees	\$
Travel	
Airfare	\$
Bus	\$
Taxi	\$
Car Hire	\$
SUBTOTAL	\$
Accommodation	
(Please note that this information is used as a guide to the total cost of your conference attendance. Please refer to the Secomb Conference and Travel Fund Application Guide for details on funding provisions).	
Number of nights	
Cost per night	\$
Other living expenses (Please specify):	\$
Meals	\$
SUB TOTAL	\$
TOTAL CONFERENCE COSTS	\$

Have you already paid your registration fee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you likely to receive funding for this conference from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of funding source:	
Amount of funding expected:	

F. DECLARATION

I declare that the information submitted is correct and complete. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I authorise the University to obtain official records from any educational authority holding such records about me.

Signature:	Date:
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The remainder of this form should be completed by the Executive Director (or nominee) of your Institute **AND** your Principal Supervisor.

Please return the fully completed form and the required attachments to Research Scholarships researchscholarships@vu.edu.au by the relevant closing date.

Closing Dates

Round 1 – 31 March

Round 2 – 31 July

Round 3 – 31 October

G. SUPPORTING STATEMENT – INSTITUTE EXECUTIVE DIRECTOR (or nominee)

(Please comment on areas such as the academic progress of the student, the significance of the conference to the student's research as well as to the University and the research community. Please refer to the Selection Criteria listed in the [Secomb Conference and Travel Fund Application Guide](#)).

Name:	Contact Number:
Institute:	

Please indicate the level of support the Institute will contribute towards the student's participation in this conference

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Other comments in support of the applicant

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Institute Executive Director (or nominee) Signature:	Date:
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H. SUPPORTING STATEMENT – PRINCIPAL SUPERVISOR

(Please comment on areas such as the academic progress of the student, the significance of the conference to the student's research as well as to the University and the research community. Please refer to the Selection Criteria listed in the [Secomb Conference and Travel Fund Application Guide](#)).

Supervisor name:	Contact number:
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What percentage of work towards the conference paper has been contributed by the student?

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Please describe how the activity proposed will benefit the student's research

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Other comments in support of applicant

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Principal Supervisor's signature:	Date:
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