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AI-generated content may be incorrect.**

College of Medicine & Health

Graduate Studies

**APPLICATION FORM**

|  |  |
| --- | --- |
| I wish to apply for a: | Travel Bursary (up to €1000)  Registration Bursary (up to €500) |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Student Number |  |
| UCC Email |  |
| UCC School/Department |  |
| Supervisor(s) |  |
| Thesis Title |  |
| Month/Year first registered for PhD / MD/ Doctorate |  |
| Expected submission date of thesis (month/year) |  |

**CONFERENCE OR COURSE DETAILS**

|  |  |
| --- | --- |
| Conference or Course Title |  |
| Online, Hybrid or In-person |  |
| Location |  |
| Dates |  |
| Website Link |  |
| Abstract Title |  |
| Presentation Type | Oral  Poster |
| \*The abstract is | Accepted  Submitted  Planned for Submission (insert date) |

*\*Evidence of acceptance/submission of abstract should be appended to application form*

**FUNDING**

|  |  |  |
| --- | --- | --- |
| How is your doctorate funded? | Self  Grant  Department/School  Other | |
| Do you have a budget for conferences/courses? | Yes\*  No | \*Indicate source and amount |
| Have you attended a conference since you registered? | Yes  No | If YES:  (a) Source of funding  (b) Name of Conference, Date, Location  (c) Title of oral/poster presentation |
| Have you attended courses outside UCC relevant to your academic development since you registered? | Yes  No | If YES:  (a) Source of funding  (b) Name of Course, Date, Location |
| Have you previously applied for a Doctoral Bursary from the COMH Graduate Studies? | Yes  No | If YES:  Did you use the bursary to attend the conference/course applied for?  YES ☐ NO ☐  If NO, please explain why? |

**Details of financial support requested**

Provide a breakdown of expenses (€) for your application for either a Travel Bursary (travel, accommodation, registration) or a Registration Bursary (registration, course cost). Note that the maximum contribution is €1000 for the Travel Bursary and €500 for the Registration Bursary. If applicable, include other confirmed sources of financial support to cover the balance.

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**BENEFITS AND SUPPORT**

**Describe how attendance at this course/conference will benefit your academic and professional development** *(max 200 words)*

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**Explain in your opinion, why your application for this Doctoral Bursary should be prioritised** *(max 200 words)*

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**Statement of support from Lead Supervisor explaining why the support requested should be prioritised** *(max 200 words)*

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| **Signature (doctoral student):**  **Date:** | **Signature of Lead Supervisor:**  **Date:** |

**Note:** Electronic signatures are acceptable

**APPENDIX 1. Doctoral Bursary Report**

This report should be emailed to [gradschoolmh@ucc.ie](mailto:gradschoolmh@ucc.ie) once you have submitted your fully vouched expense claim and within one month of the activity having taken place.

Please also attach evidence of oral or poster presentation at the conference or evidence of having attended the course (as outlined in your application).

|  |  |
| --- | --- |
| Name |  |
| Department or School |  |
| Supervisor(s) |  |
| Thesis Title |  |
| Details of Conference or Course Attended |  |

**Describe how attendance at this conference or course has benefited your academic and professional development** *(max 250 words)*

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