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| **If you cannot enter text, click on ‘View’ (above) and ‘Edit document’** |
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# BNA-Brain Carer Grants - application form

BNA2019 Festival of Neuroscience, 14-17 April 2019 - CCD, Dublin, Ireland

In the case that more than one parent/caregiver of a child/children plans to attend BNA2019, we request that only one application is completed and submitted. Please note that unfortunately we can only pay grants in pounds sterling: any fees incurred for converting to different currencies will be subtracted from the amount awarded.

Please complete ALL sections of the form.

Completed forms should be returned to the BNA office: office@bna.org.uk

The deadline for receipt of childcare grant applications is midnight Friday 25th January 2018

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Enter title | Enter first name | Enter last name |
|  | Title | First name | Last name |

|  |  |
| --- | --- |
| Institution : | Enter institution. |
|  | University / Hospital / Institution |

|  |  |  |
| --- | --- | --- |
|  | Enter city | Enter city |
|  | City | Country |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Enter phone number. | Email | : Enter email address. |

|  |  |
| --- | --- |
| Career stage: | Click to select from dropdown list. |
| If you selected ‘other’ please state here | Enter career stage if different from those in the dropdown list above. |

|  |  |
| --- | --- |
| If you are a speaker, please give name or number of your session:  | Click or tap here to enter session. |
| If you have submitted a poster abstract, please give title:  | Click or tap here to enter poster title. |
| You need to be a member of BNA, BSN or NSI to be eligible: please state which organization you are a member of:  | Select your society from dropdown list. |

## Children

|  |  |  |  |
| --- | --- | --- | --- |
| Number of children: | Give number | Age(s) of child(ren): |  State ages |

|  |  |
| --- | --- |
| How will you use childcare grant funding?  | Choose from drop down list |
| If you selected ‘other’, please state: | Enter text. |

## Funding

|  |  |
| --- | --- |
| Total expected childcare costs. *(Note that we are collecting this information for planning purposes only; this will not be the amount awarded.)*  |  **State expected costs in pounds sterling**. |
|  |
| Please itemize the expected expenses that the award would help to cover. Include travel costs (for whom, to/from where?), caregiver costs (caregiver, dates, and approximate total cost), other expenses (please specify). |
| Please itemize all costs here |
| Please describe in 1-2 paragraphs the circumstances that prompt you to request this award and how it will be used to facilitate your participation at BNA2019. Please indicate any special considerations, including but not limited to single parenthood, that both parents/caregivers are attending BNA2019, special needs, etc. |
| Please enter text here. |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature (please click on icon and upload image): |  | Date: | dd/mm/yy. |

*\* Successful applicants may be asked to provide scans of receipts corresponding to childcare expenses incurred when attending the meeting*

*\*\*details of applicants will be retained by the BNA for purposes of administering the grants for this and future BNA Festivals for a period of 8 years, after which they will be deleted. See more information about our data protection notice at https://www.bna.org.uk/disclaimer/*

**We are very grateful to the Guarantors of Brain for supporting these childcare grants.**