

**The Elizabeth Casson Trust**

**Conference Awards Application Form**

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| **Your Details** | |
| Name |  |
| Address |  |
| HCPC Number (or country equivalent) |  |
| Have you received support/funding from Elizabeth Casson Trust previously? *If so please provide details – amount, year and reason for funding* |  |
| Have you applied for funding through any other sources, including employer (state details and outcome if known or when outcome is expected) |  |
| **Costs for attending the conference** | |
| What is the total cost for you to attend?  Provide a breakdown of costs |  |
| How much are you requesting from Elizabeth Casson Trust? |  |
| Are you able to make up any potential shortfall in expenses? |  |
| Have/will you be granted time away from work to attend the conference? |  |
| Provide letter of support from your organisation supporting your attendance (e.g manager/clinical lead) |  |

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| **If you are applying as a presenter, please complete the following questions** | |
| Title of workshop /presentation /poster accepted |  |
| Summarise the content of your work |  |
| Provide conference reference number |  |
| a) How many people will present? b) Will you be the main presenter? |  |
| **Value of your work** |  |
| How does your work reflect the strategy of the Elizabeth Casson Trust? (http://bit.ly/2BJii45) |  |
| Explain how your work adds to the practice of occupational therapy |  |
| What specifically do you hope to achieve by attending the conference? |  |
| **Establishing collaboration/network** | |
| How do you propose you will explore potential networks and future mentors? |  |

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| **If you are applying to attend conference only, please complete the following questions** | |
| Which sessions are you aiming to gain most benefit from? |  |
| Summarise relevance to your area of practice |  |
| **Value of your attendance** | |
| How will your attendance at this conference link with the strategy of the Elizabeth Casson Trust? |  |
| Explain how attending this conference will enhance your area of practice? |  |
| What specifically do you hope to achieve by attending the conference? |  |
| **Establishing collaboration/network** | |
| How do you propose you will explore potential networks and future mentors |  |

If you are awarded an ECT grant you agree to:

 Acknowledge this in your presentation (if applying as presenter)

 Provide feedback of your experience for inclusion on the ECT website

 Provide ECT your Twitter handle and tweet about the conference/your presentation

 Agree to the grant being announced through ECT social media

Signed

Date

***When saving your file, please name the document in the following format: Conference Award\_[your last name] [date in format yearmonthday, eg 20181018].***

***Please return your application to*** [***secretary@elizabthcasson.org.uk***](mailto:secretary@elizabthcasson.org.uk)***. Please use the document reference in the subject line of your email when submitting.***