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|  | **Small grant application form** |  |

**Section 1 – For completion by the main applicant**

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| Title: |       |  Initials: |       | Surname: |       |

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| School/Department: |       |

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| University: |       |

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| DTP Pathway: |       |

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| --- | --- |
| Tel: |       |

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| Email: |       |

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| --- | --- | --- | --- | --- | --- |
| Year of PhD |       | PhD start date |       | PhD end date |       |

|  |  |
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| Name of main supervisor: |       |

**Scheme for which funding is being requested (please check box)**

Collaboration [ ]  Interdisciplinarity [ ]  Cohort building [ ]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If funded, I agree to provide a report of 400-500 words within one month of completion of the activities proposed and agree that this or an edited version can be made available on the DTP web site.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |       | Date: |       |
| Print Name: |       |

**Section 2 - Proposal**

In no more than 500 words, please provide a description of the activities proposed, the anticipated timescales, how the activities will be organised and by whom, and how these will benefit student[s] and enhance the PhD project[s] concerned.

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**Section 3 - Estimate of costs involved**

There is a cap of **£1,000** on the funding which may be requested.

|  |
| --- |
| Full details of expenses |
| Date(dd/mm/yy) | Type of expense | Total Cost |
|       |       |       |
|       |       |       |
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|  |  | Total: |       |
|  |  |  |  |
|  | **Total funding requested:**  |  |

Have you applied for any other funding towards the cost of the proposal (Please check box)

Yes [ ]  No [ ]

If yes, please give details below:

|  |  |
| --- | --- |
| Name(s) of organisation/funding body: |       |
| Details of funding amount(s) applied for: |       |
| Has the funding been awarded? |       |

Please ask your supervisor to sign below to show their support for your proposal

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |       | Date: |       |
| Print Name: |       |

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| --- | --- |
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Completed application forms should be emailed to enquiries@walesdtp.ac.uk