**BNA EARLY CAREER BURSARIES APPLICATION FORM**

**BNA2017 Festival of Neuroscience, 10 – 13 April 2017**

**ICC, Birmingham UK**

(for Students and Early Career Researchers or Clinicians only –

please check the criteria for [early career members](https://www.bna.org.uk/about/membership/#membership-categories))

Completed forms should be returned to the BNA office: [office@bna.org.uk](mailto:office@bna.org.uk)

The deadline for receipt of bursary applications is **0900h Friday 17th February 2017**

Qualifying criteria:

* the applicant must be a member of BNA at the time of application and, in addition, must have been a member of the BNA prior to 1st October 2016
* the applicant must NOT have received a bursary from the BNA to attend a previous Festival of Neuroscience
* the applicant must be currently registered as an undergraduate or as a postgraduate or have been awarded their PhD (date of successful viva voce) or completed their F2 no earlier than 1 January 2012
* the applicant must be registered for the BNA2017 meeting and have had their abstract accepted for poster presentation
* the applicant will be presenting a poster as FIRST AUTHOR

Application form:

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|  |  |
| Name: |  |
| Department: |  |
| BNA number: |  |
| Institution/ Affiliation: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| Course of study:  *(UG/PG students)* |  |
| Name of supervisor:  *(UG/PG students)* |  |
| Month and year PhD was awarded/ completion date of F2 (*early career researchers/ clinicians*): |  |
| Title of submitted poster abstract (s): |  |
| Estimated cost of travel/accommodation\*: |  |
| Other costs\*: |  |

\* Successful applicants will be expected to provide scans of all receipts corresponding to travel and accommodation towards the meeting

Please explain in the box below – in no more than 200 words – how you expect to benefit from attending the meeting:

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By signing this form, you are confirming that you are eligible to apply for a BNA bursary and have not previously received a bursary from the British Neuroscience Association.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_