

**SCHOOL OF MEDICINE  
APPLICATION FOR CONFERENCE LEAVE FUNDING  
Conference Leave Scheme**

Name: .....

School: .....

Section/ Year Group : .....

Name of Conference: .....

Venue (city and country): .....

Dates: .....

Air fare costs: .....

Number of nights accommodation and cost: ..... nights. Total \$.....

Conference Registration Fee: .....

Have you made an application for funding from an alternative source of funds: Y/N

(If "Yes", Please provide detail) .....

List conferences attended in last two years that were funded by the Faculty:

.....

.....

Reasons why the Faculty should provide funding (Please attach a separate document).

Endorsed by A/Head or Head of Year Group/Section: Y/N

A/Head or Head Year group/Section Signature: .....

Date:.....

Endorsed by Head of School: Y/N

Head of School Signature: ..... Date: .....

Applicant's signature: ..... Date: .....