**NORTHUMBRIA AND SUNDERLAND AHRC**

**CENTRE FOR DOCTORAL TRAINING**

### APPLICATION FOR AHRC RESEARCH TRAINING SUPPORT GRANT

Please read the guidance notes at the end of this document carefully to ensure you are eligible to apply. This form must be submitted at least two months before the funds are required, e.g. 2 months before the conference visit takes place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| **Department:** |  | University: | |  |
| **Email:** |  | | **Start date of Doctorate:** | |

**FOR COMPLETION BY THE STUDENT**

**SECTION ONE: OVERSEAS OR UK CONFERENCE/ STUDY VISIT**

i) **Please state your reasons for attending the conference, or purpose for your study visit and indicate how it is relevant to your research:**

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|  |

ii) **Details of the Conference/ Study Visit: Give the exact dates of the study visit and destination**

|  |  |  |
| --- | --- | --- |
| **Duration of Conference/ Study Visit (please include travel dates as well)** | | **Institution, City, Country** |
| **From (dd/mm/yyyy)** | **To (dd/mm/yyyy)** |
|  |  |  |

iii) **Costs**

If actual costs are not known provide estimates. Give as much detail as possible and attach quotations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type**  **(i.e. travel, accommodation, research expenses etc)** | **Details**  **(i.e. dates, destination, etc)** | **Cost**    **£ P** | |
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|  |  |  |  |
|  | **Total:** |  |  |

**For all conference/ visits:**

I confirm that I have/will meet any requirements for Risk Assessment for my Department

**For Overseas Visits only:**

I confirm that I have/will meet any Visa requirements

I confirm that I have read the accompanying Notes of Guidance. I undertake to inform the Student Registry if the study visit is cancelled or the length of the visit is reduced, and I understand that my institution will be required to refund to the Student Registry any money overpaid.

|  |  |
| --- | --- |
| Signed: | Date: |

NOW PASS THIS FORM TO YOUR SUPERVISOR FOR COMPLETION

**SECTION 2 - FOR COMPLETION BY THE SUPERVISOR**

i) Please state the purpose of the trip and indicate the importance to the student’s research. Completion of this section signifies your support for their attendance.

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| --- | --- |
| Name: | Position: |
| Phone number: | Email: |
| **Signature:** | Date: |

**Please submit the completed form**

by email to: [rn.northumbria-sunderland-cdt@northumbria.ac.uk](mailto:rn.northumbria-sunderland-cdt@northumbria.ac.uk)

or post to The Graduate School, 2nd Floor, Pandon Building, Northumbria University, Newcastle upon Tyne, NE2 1XE

**GUIDANCE NOTES: RESEARCH TRAINING SUPPORT GRANT**

AHRC CDT students can apply for funds from the Research Training Support Grant (RTSG) to enable them to undertake overseas and UK study visits and to attend conferences.

All AHRC funded doctoral students are eligible to apply for these funds, apart from those who are beyond standard duration (three years full time and five years part time). However, students who have already received one allocation from RTSG funds will not normally be funded again during their PhD.

Approved funds are for a particular purpose and receipts must be submitted when claiming expenses. Please be advised if your plans change you must inform us as further approval will be needed.

**Applying for a Research Training Support Grant**

Complete and return the RTSG application form, which must be countersigned by your Principal Supervisor.