

**CLINICAL ACADEMIC TRAINING**  
**APPLICATION FORM FOR FUNDING**

**PLEASE NOTE THAT AFY FUNDING WILL BE ALLOCATED ON A CASE BY CASE BASIS.  
ACF/CL FUNDING WILL NOT EXCEED £1000 IN ANY ACADEMIC YEAR (SEPT-AUGUST).**

**Name:** \_\_\_\_\_ **Job Title (FY, ACF, CL):** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Academic Supervisor:** \_\_\_\_\_

**Conference/Course Details (to include):** *(Please provide evidence of projected costings)*

- Title: \_\_\_\_\_
- Dates attending: \_\_\_\_\_ Location: \_\_\_\_\_
- Registration Cost: \_\_\_\_\_ Accommodation Cost: \_\_\_\_\_
- Travel Costs: \_\_\_\_\_ **Estimated funding required:** \_\_\_\_\_

**Are you presenting at the conference:** Yes *(Please attach conference confirmation)*  
 (Delete as appropriate) No

**Describe other sources of funding you have sought for this conference and the outcome of the application.**  
 e.g. hospital staff should apply for NHS (study leave) funding in the first instance.

\_\_\_\_\_

\_\_\_\_\_

**Please explain briefly how/what clinical academic issues are being addressed at the conference/course:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(1) I understand that should my application be prioritised, partial funding may be offered, in which case I may have to pay part of the costs personally. I further understand that this form does not replace the relevant study leave application form, which will still need to be submitted to my employing Trust/Organisation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant)

(2) I support the submission of this application for funding.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Academic Supervisor, as detailed above)

**Submit completed form to: Adele Kenny, Medical School Building, WMS ([adele.kenny@warwick.ac.uk](mailto:adele.kenny@warwick.ac.uk))**

**Approved by:**  
 IAT Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Priority rating** *(if required, delete as appropriate):*

**1** Funding amount approved: \_\_\_\_\_ **2** Unsuccessful Application \_\_\_\_\_