

**Medical Research Scotland**

**Meet the Researcher Showcase Event**

**Travel funding Form**

A special travel allowance is available for any schools that are unable to attend the event without financial assistance. If your school requires travel funding support, please provide the following details.

**Travel funding will be allocated on a first come, first served basis.**

Funding for travel to the event is required to enable our school to attend

|  |  |
| --- | --- |
| Yes | No |

 **SCHOOL AND ATTENDEE DETAILS:**

|  |  |
| --- | --- |
| **Name of school** |  |
| **Full postal address of school** |  |
| **A teacher or authorised person accompanying pupils** | **Yes No** |
| **Title (of accompanying teacher or authorised person)** |  |
| **Full name (of accompanying teacher or authorised person)** |  |
| **Position (of accompanying teacher or authorised person)** |  |
| **Telephone number**  |  |
| **Email address** |  |

 **CONTACT FOR CORRESPONDENCE RELATING TO THE EVENT:**

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Surname** |  |
| **Position/Role** |  |
| **Telephone number** |  |
| **Email address** |  |

**DETAILS OF TRAVEL REQUIRED:**

|  |  |
| --- | --- |
| Please provide details of the proposed method of transport to be funded (e.g. public transport bus/coach, private minibus hire; school mini bus petrol/mileage allowance) |  |
| Please provide an estimate of the full travel cost |  |
| Please provide the percentage of the full travel cost requested |  |
| Please provide an estimate of the travel cost requested |  |