

## IASP 17<sup>th</sup> WORLD CONGRESS ON PAIN TRAVEL BURSARY

#### **GUIDELINES**

**DEADLINE: 16<sup>TH</sup> JULY 2018** 

In order to encourage members to attend the International Association for the Study of Pain World Congresses, the British Pain Society has made funds available to assist its members who require financial assistance to attend the 17<sup>th</sup> World Congress on Pain, on 12-16 September 2018 in Boston, USA.

### Eligibility

- The applicant must be a current, Ordinary Member of the British Pain Society, in good standing, and a member of IASP.
- The applicant must have an income of less than £40,000 p.a. and give evidence of such
- The applicant must be working within the field of pain
- The applicant may not apply for this bursary if he/she has been granted other British Pain Society bursaries within 12 months of this application
- The applicant must be presenting work at the Congress

#### **Application**

- Applications must be submitted on the Application Form attached
- The Application Form must be counter-signed by the Head of Department or supervisor.
- The applicant must provide a copy of the abstract they intend to present and confirmation of receipt of abstract
- The applicant must submit a CV (including full list of publications)

#### **Decision**

- Applications will be evaluated by a British Pain Society sub-committee
- The applicant will be notified of the decision in writing
- If successful, the applicant must provide all receipts against which the aid is to be provided. Aid is limited to the cost of registration, accommodation and economy travel. A cheque will then be sent to the applicant.

Third Floor, Churchill House | 35 Red Lion Square | London WC1R 4SG T +44 (0)20 7269 7840| E info@britishpainsociety.org | W www.britishpainsociety.org The British Pain Society is the British Chapter of the International Association for the Study of Pain

# IASP 17<sup>th</sup> WORLD CONGRESS ON PAIN TRAVEL BURSARY APPLICATION FORM

British Pain Society Men	nbersnip No:		
Title	First names		
Surname			
Degrees/Qualifications: .			
Contact Address:			
Tel:	Fax:		
Email:			
Institution name/place of	work (if different from above)		
Current post:			
Current income:			
Aid requested			
Registration fee:			
Accommodation (max. 5	nights stay) cost per night £	No. of nig	ıhts
Economy travel:			
Other sources of suppor	t available. Please indicate if o	btained (O) or applied for	(A)
1		£:	
2		£:	
Total amount of aid red	quested from the British Pain	Society:£	
0:		Dete	
(Head of Department/super	······································	Date	
		Date:	
(Applicant)			

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