KETTLE’S YARD TRAVEL FUND

**APPLICATION FORM 2021**

* **This fund is for Research related travel costs only and does not include sustenance.**
* **Your application must be endorsed by your Supervisor before being returned to**

graduate.admin@aha.cam.ac.uk

* **Please give/email your application to your Supervisor at least ONE week before the closing date to enable them to write supporting statements.**
* **The deadline for receipt of applications is Tuesday 27 April at 5.00pm.**

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| **Name** |  | **College** |  |
| **Home address** (not address whilst studying in Cambridge) |  | **Department** |  |
| **Email** |  | **Course of study** |  |
| **Date** |  | **Year of study** |  |

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| Have you received any money from the Kettle’s Yard travel fund in the past? If so, please state how much and in which year(s). |
| Have you applied for any other funding for this travel? If so, please state to whom you have applied and how much you have applied for. |
| Please state the source of your degree funding. |
| Please provide:a) Title of project |
| b) A statement of the nature and purpose of the proposed travel *(no more than 300 words)* |
| c) A **specific** breakdown and approximate amount of travel expenses - vague estimates will not be considered *(continue on a separate sheet if necessary)* |
| d) **What amount of funding are you applying for?** (Amounts awarded do not typically exceed £500)  If you have already travelled, please attach receipts |
| e) The expected dates of your travel |

**N.B.** Funding is limited and applicants should bear this in mind when costing their travel. By way of guidance on reasonable levels of subsistence costs and for general information on travel, applicants may find it useful to consult the guidance which applies to staff travelling on University business, which can be found in chapter 5b of the Financial Procedures Manual, at

[**http://www.admin.cam.ac.uk/cam-only/offices/finance/procedures/expenses/expenses.pdf**](http://www.admin.cam.ac.uk/cam-only/offices/finance/procedures/expenses/expenses.pdf)

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**Applicant’s Supervisor to complete the following section:**

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| **I SUPPORT this application** Please add your supporting statement **AND**your comments on the realism of the cost breakdown |

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| Signature of Supervisor  |  |
| Name of Supervisor |  |
| Date |  |