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| **APPLICATION FOR ESPID TRAINING COURSE AND WORKSHOP AWARD SCHEME** |
| **Family Name:** |
| **Name (in full):** | **Title:**  |
| **Date of Birth:**  |
| **Current job/position**:  |
| **Full work address (include zip/postal code):**  |
| **Telephone number(s):**  |
| **Fax number**:  |
| **Email:**  |
| **Date(s) of meeting:** |
| **Title of meeting:**  |
| **Location of meeting:**  |
| **Training objectives (including details of any preliminary work or meetings already done):**  |
| **Draft programme & timetable including names and job titles of teachers:**  |
| **Number of delegates:**  |
| **Number of faculty (Please note how many are local speakers):**  |
| **Cost of course per delegate / trainee / ESPID member/ non-ESPID member:** |
| **Number of days** |
| **Hours of education** (excluding lunch breaks and evening dinners etc) |
| **Cost of the course per hour of education** |
| **Percentage of total budget as well as total amount requested from ESPID:** |
| **Budget proposal,** including breakdown of total costs (e.g. admin, advertising, room hire, equipment costs, teachers and delegates travel, accommodation and subsistence costs, other costs) and sources of income (e.g. delegates registration fees, delegates own contributions to travel costs, other income, subsidy and sponsorship) and balance (i.e. ESPID award requested). Note: (ESPID will not usually agree to support meetings where honoraria or fees for teachers or course organisers are paid).**SEE BELOW THE BUDGET TEMPLATE PROPOSED** |
| **Signature:** | **Date of application:** |