**APPLICATION FORM FOR PHD STUDENTS AFFILIATED TO SWEAH**



**TRAVEL GRANTS FOR COURSES OR RESEARCH VISITS ABROAD**

Send the application form by email to:
Stina Elfverson
The Swedish National Graduate School on Ageing and Health
stina.elfverson@med.lu.se
Phone: 046 – 222 19 42

**APPLICANT**

|  |  |
| --- | --- |
| Name of PhD student |  |
| Personal identity number |  |
| Date for affiliation to SWEAH |  |
| Name of main supervisor |  |

**PRELIMINARY TITLE OF YOUR THESIS**

|  |
| --- |
|  |

**TRAVEL EXPENSES**

|  |  |
| --- | --- |
| Travel costs (by cheapest means) |  |
| Hotel accommodation costs  |  |
|  |  |
| Other travel expenses (subsistence allowance and salary not included) |  |
|  **Total:** |  |

*The budget should not include indirect costs as those will be paid by SWEAH in addition to the granted amount. If you are awarded the travel grant, all travel and accommodation arrangements will be booked and paid by SWEAH. Do not make any reservations prior to being awarded the grant, nor before discussing with the SWEAH administrator.*

**DESTINATION**

|  |  |
| --- | --- |
| Country |  |
| City/Place |  |
| Travel dates |  |

**NAME AND WEB ADDRESS OF THE COURSE OR INSTITUTION YOU PLAN TO VISIT**

|  |
| --- |
|  |

*Please attach an invitation from the course or institution*

|  |
| --- |
| Has previously received a travel grant from SWEAH (Yes/year or No) |

**STATE THE MAIN GOAL/S AND JUSTIFY THE BENEFIT OF YOUR COURSE OR RESEARCH VISIT ABROAD**

|  |
| --- |
|  |

**SIGNATURE**

|  |  |
| --- | --- |
| Place and date |  |
| The PhD student´s signature |  |
| The main supervisor´s signature and printed name |  |

Form updated 240208/SE