***THE MIKE HOW TRAVEL AWARD***

***For Young Pharmacists and Pharmacy Students***

**Application Form 2016**

*[Please type out the required information in the spaces provided]*

1. **PERSONAL DETAILS**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIP Membership number or IPSF Member Organisation:

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Contact Address:

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Contact Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you attended an FIP Congress before? : YES** **NO**



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**2. FUNDING SOUGHT**

(Applicant to provide approximate information on costs he/she will incur in order to attend the FIP Congress in Dusseldorf, Germany 2015. FIP Congress registration fee will be paid directly by IPS)

**Amount:**

**(euros)**

**Accommodation**

**Transport**

**Meals**

**TOTAL**

**Brief Description of Travel itinerary and Accommodation Details:**

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**3. JOB/RESEARCH DESCRIPTION**

(Applicant to provide information on job portfolio or research area. **Maximum 300 words**)

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**4. MOTIVATION FOR APPLICATION**

(Applicant to provide a motivation entitled “Why I would like to pursue a career in Industrial Pharmacy” and to explain how they will benefit from attending the FIP Congress.

**Maximum 300 words**)

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**5. SUPPORTING DOCUMENTS**

(The following documents should be sent together with the completed application form)

**Compulsory**

1. CV (max. 2 pages)
2. Support letter from work/research supervisor or superior

**6. APPLICANT’S DECLARATION**

I have read, understood and checked the eligibility criteria. I declare that the information I provided on this application form and supporting documents is complete, true and correct. By signing this form I accept the conditions of the Award and grant the collaborators of this Award the right to use the information in this application for purposes of publicising and promoting the Award and its outcomes.

Signature of Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Closing date: 15 APRIL 2016**

**Late and incomplete applications will not be accepted.**

**Please email ONE COPY of the application form (5 pages), CV and supporting attachments to avanthi@mweb.co.za**

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