***THE MIKE HOW TRAVEL AWARD***

***FOR YOUNG PHARMACISTS AND PHARMACY STUDENTS***

***APPLICATION FORM***

Please fill in the required information:

1. PERSONAL DETAILS

Family Name: Click here to enter text.

Given Name: Click here to enter text.

FIP Membership No. or IPSF Member Organisation:

Click here to enter text.

Contact Address: Click here to enter text.

Contact Number: Click here to enter text.

Email: Click here to enter text.

Have you attended an FIP Congress before?:

YES  NO

1. FUNDING DETAILS

(Applicant to provide approximate information on costs to attend the FIP Congress. This should exclude the congress registration fee)

**Amount (EURO)**

**Accommodation** Click here to enter text.

**Transport** Click here to enter text.

**Meals** Click here to enter text.

**Other:**

Click here to enter text. Click here to enter text.

***TOTAL*** Click here to enter text.

1. JOB and/or RESEARCH DESCRIPTION

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

Click here to enter text.

1. MOTIVATION FOR APPLICATION

(Applicant to provide a motivation entitled “Why I would like to pursue a career in Industrial Pharmacy” and explain how they would benefit from attending the FIP Congress. **Maximum 300 words**)

Click here to enter text.

1. SUPPORTING DOCUMENTS

The following documents must be submitted:

1. Completed and signed application form
2. CV or RESUME (maximum 2 pages)
3. Support Letter from work/research supervisor or superior
4. 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 publicizing and promoting the Award and its outcomes.

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*Signature of Applicant Date*

**CLOSING DATE: 15 APRIL**

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

**Please email ONE COPY of the application form (5 pages) and supporting documents to:**

[**avanthi@mweb.co.za**](mailto:avanthi@mweb.co.za)