

**BTS Post-Doctoral Researchers**

**BURSARY APPLICATION FORM**

**For the 2020 BTS Annual Congress**

**.**

BTS Administration

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**CRITERIA FOR ELIGIBILITY**

The British Toxicology Society awards bursaries to Post-Doctoral Researchers to support an oral presentation at the BTS Annual Congress.

The criteria for eligibility are:

* Not more than 3 years from PhD; DM or bachelors of medicine if course followed immediately after PhD.
* Membership of BTS (or application for membership received no later than the application for the bursary)
* Applicants can receive a maximum of 3 bursaries, but may not receive more than 1 per year.
* Selection for presentation of an oral communication at the BTS Annual Congress in the Early career oral presentation session.
* Post-doctoral Status must be confirmed by head of department or line manager.

**HOW TO APPLY FOR A BTS BURSARY**

Once abstracts submissions and registration have opened:

* Submit your abstract via the online process to the BTS Annual Congress
* Concurrently complete this bursary application form and email it to [meetings@thebts.org](mailto:meetings@thebts.org) **– deadline, February 7th 2020**
* Ensure all bursary application forms include your confirmation of status from the Head of Department or line manager.

The Scientific Sub-Committee will decide upon the bursary awards approximately six weeks prior to the BTS meeting.

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Year Of Joining BTS** |  |
| **BTS Membership Number** (if available) |  |

**2. PREFERRED CORRESPONDENCE**

|  |  |
| --- | --- |
| **Address** |  |
|  |  |
|  |  |
| **City** |  |
| **Postcode** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**3. BURSARY APPLICATION DETAILS**

|  |  |
| --- | --- |
| **BTS Meeting you are attending** |  |
| **Dates of the Meeting** |  |
| **Venue** |  |
| **Title of Abstract Submitted** |  |
| **Abstract Submission Number** (received as confirmation of your abstract submission) |  |
| **Have you been awarded a bursary in the past?** | **🞏** Yes **🞏** No  If yes, when were you awarded a bursary? (provide month and date) |

**4. HEAD OF DEPARTMENT OR LINE MANAGER**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position** |  |
| **Department/Institution** |  |
| **Email Address** |  |
| **Contact Telephone Number** |  |