

**BTS Pre-Doctoral Student**

**BURSARY APPLICATION FORM**

**For the BTS Annual Congress 2024**

**.**

BTS Administration

C/O Executive Business Support Ltd

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Lichfield, Staffs.  WS14 9DZ

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Website: [www.thebts.org](http://www.thebts.org)

**CRITERIA FOR ELIGIBILITY**

The British Toxicology Society awards bursaries to pre-doctoral students to support their attendance at the BTS Annual Congress.

The criteria for eligibility are:

* 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.
* Presentation of a poster or oral communication at the meeting attended
* Pre-doctoral status must be confirmed by head of department or line manager.
* Submission of a written report on the meeting for inclusion in the BTS Newsletter to editor@thebts.org after attending the meeting

**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 the bursary application form and email it to [**meetings@thebts.org**](mailto:meetings@thebts.org) **– deadline February 7th 2024**
* 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. Priority will be given to first time applicants.

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title** | **🞏** Mr **🞏** Mrs **🞏** Miss |
| **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** |  |