

## South African Heart Association: Travel Grant Application

<b>Deadlines for Application Submissions to SA Office:</b>	31 March 2017; 30 June 2017, 30 September 2017, 31 December 2017
<b>Outcome Dates:</b>	30 April 2017; 31 July 2017, 30 October 2017, 31 January 2018

**Eligibility:**

This scholarship is available to full and associate members of the SA Heart® Association.

**Requirements:**

Applicants need to be fully paid up members/associate members in good standing for at least one year prior to applying.

**Recommendations:**

Early and mid-career applicants (< 5 years post-qualification as specialist and/or < 5 years post-PhD qualification)

**Conditions:**

- Awards will not be made for conferences or workshops retrospective to the application submission deadline. If the conference is taking place within six (6) weeks following the submission deadline, please indicate this in the appropriate place on the application form;
- It is not a requirement for the abstract to be accepted by the conference travel application closing date. Should the acceptance of the paper, including proof of registration not be available at the time of submission of the application, then a provisional award may be made pending the receipt of the acceptance of paper;
- Please ensure that applications are made as well in advance as possible (preferably at least six months prior to the conference date);
- Applicants may only submit one application every second year. The scholarship is for the value of up to R20 000.00 for international meetings and R7500.00 for local meetings.
- Awards are only made in the event that a paper or a poster is being presented or in the event of a workshop attendance, that the reviewers deem the workshop attendance to be of high impact and benefit to the SA Heart® community.
- The applicant must ensure that the application is fully completed including the requirements as detailed in the checklist section. Applicants are asked to be concise and to only include applicable and relevant information;
- Awards are granted for one specific conference. Should that specific conference be cancelled or the full amount allocated not utilised for any reason, then the funds must revert to the SA Heart®;

**Submission Requirements:**

Completed applications may be e-mailed to [erika@saheart.org](mailto:erika@saheart.org) on or before the deadline date.

**Note:**

- Please ensure you receive an acknowledgement of receipt from the SA Heart Office within two days after the closing date.
- All fields are compulsory.

Section 1: Applicant Particulars	
Surname:	Click here to enter surname
Title:	Choose an item.
Initials:	Click here to enter initials
Position:	Click here to enter position
Department/Institute/Centre:	Click here to enter name of department/institute/centre
Tel No:	Click here to enter dialling code      Click here to enter tel no.
Email Address:	Click here to enter email address

## SA Heart® Travel Grant Application Form

SA Heart Member Number:	Click here to enter SA Heart number		
Gender:	Choose an item.		
Date of Birth: (e.g. dd/mm/yyyy)	dd	mm	yyyy
Highest Academic Qualification:	Click here to enter highest academic qualification		
Institution and Year Obtained:	Click here to enter institution name	Click here to enter year obtained	
Highest Clinical Qualification (e.g. Cert Card) and Year Obtained:	Click here to enter highest clinical qualification	Click here to enter year obtained	

Section 2: Event Details							
Select one of the three options below for where the conference will be held:							
<input type="checkbox"/>	International Country	<input type="checkbox"/>	National (within SA)	<input type="checkbox"/>	International country (within the SADC region)		
Nature of event: (tick one)		<input type="checkbox"/>	Conference	<input type="checkbox"/>	Workshop		
Name of conference/workshop:		Click here to enter name of conference/workshop					
Date(s) of conference/workshop:							
Is the event taking place within the 6 weeks following the application submission deadline?		<input type="checkbox"/>	Please tick if <i>yes</i> .				
Place of conference/workshop: (city and country)		Click here to enter city name		Click here to enter country name			
Will you be/do you intend presenting a paper/poster?		<input type="checkbox"/>	Paper	<input type="checkbox"/>	Poster	<input type="checkbox"/>	Other: (please specify) Click here to enter text.
Title of paper/poster:		Click here to enter paper/poster title					
Motivate why you selected to attend this conference/workshop: <b>Note:</b> This should not be more than 100 words, but it should refer to the status of the conference/workshop, networking potential, exposure to leading thinkers and cutting edge research etc.							
What are the expected outputs? <b>Note:</b> It is important that you address this section as it forms part of the assessment criteria. Max 100 words							

Section 3: Conference Budget	
Awards are intended to subvert only the following: the cost of land or air travel; visa costs for international travel and registration fees. Due to limited funding, we do not cover accommodation costs.	
Travel costs to venue: (attach two quotes obtained, underlining the one selected)	
VISA Costs: (for international travel only)	

Conference Registration Fee Amount: (provide evidence as an attachment) <b>Note:</b> This is for budget verification purposes; you do not have to have paid the registration fee, but please attach proof of the registration fee amount.	R
<b>Total Cost Calculated:</b> (please indicate 100% of eligible costs)	R
<b>Total Requested in this Application:</b>	R

Section 5: Contact Details of Referee					
Name of Referee:	Click here to enter referee name				
Contact Number:	Click here to enter referee contact number				
Email Address:	Click here to enter referee email address				
Supervisor	<input type="checkbox"/>	Head of Department	<input type="checkbox"/>	Mentor	<input type="checkbox"/>

Section 6: Declaration by Applicant			
<p>I understand that acceptance of a grant implies that I will submit a written report on the relevant congress attended within six weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.</p> <p>I certify that the foregoing sections constitute a complete and factual statement of the particulars requested.</p>			
Date:	Click here to enter a date.	Signed:	

Section 7 : Application Checklist	
Have you attended to/included the following:	Please tick (✓)
Curriculum Vitae (max 4 pages)	<input type="checkbox"/>
Abstract of paper(s)/ poster(s) to be presented	<input type="checkbox"/>
Conference call / brochure OR	<input type="checkbox"/>
Details of workshop	<input type="checkbox"/>
Proof of registration fees <b>Note:</b> This is for budget verification purposes hence proof of registration fee payment is not required.	<input type="checkbox"/>
Contact details of HoD/Supervisor/Mentor	<input type="checkbox"/>

SA Heart® commits to inclusive excellence by advancing equity and diversity. We particularly encourage applications from members of historically underrepresented racial/ethnic groups, women and individuals with disabilities.