**TDR Supported Bursary Application**

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| Please note Applications must be completed in English.  Deadline for applications is **Monday 4 February 2019**. For any queries, please email aci.cochrane@mrc.ac.za |

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| Contact detailsTitle \*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Ms | Mrs | Mr | Dr | Prof |  |  |  | | --- | --- | |  | *Please tick the box if you are a student* |  First name \*  |  | | --- | |  |  Last name \*  |  | | --- | |  |  Organisation and Position \*  |  | | --- | |  |  City \*  |  | | --- | |  |  Country \*  |  | | --- | |  |  Email \*  |  | | --- | |  |  Do you meet the minimum requirement for this bursary?  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Are you living and working in an African country? | YES |  |  | NO |  |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Are you able to attend the full event (i.e. 25 and 26 March 2019)? | YES |  |  | NO |  | |

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| Involvement in Evidence Uptake Please provide details and highlight activities you have been involved in over the last two years.  Information required:   * How are you currently involved in knowledge translation using evidence for health programmes or health policy development or implementation in your country? * Are you involved in evidence to action and policy networks (such as EViPnet), or other knowledge translation platforms? * What content area do you work in? e.g. public health or other?  Involvement in Evidence Uptake \* (content limited to 200 words)  |  | | --- | |  |  ACI involvement Have you submitted an abstract for a poster session? Have you been invited to participate in a specific event or activity?  Please provide the following information:   * Titles of submitted abstracts and your role within the abstract/workshop * Titles of specific meetings or event and your role within the event * List any other activities planned for the conference which may be of benefit to your organisation   The Bursary Committee will check the status of your abstract submission(s) when the applications are assessed ACI involvement \* (content limited to 200 words)  |  | | --- | |  |  Benefit to your work and/ or for your institution Outline how your attendance may benefit you or your institution? Anticipated gain to yourself and your institution \* (content limited to 200 words)  |  | | --- | |  |  Additional information required  * All bursary recipients will be required to complete a brief (1 Page) evaluation report of their experience at the Summit by 15 April 2019 and submit to [aci@mrc.ac.za](mailto:aci@mrc.ac.za)  Funding request Please provide an estimated cost in South African Rands (ZAR) for attending the ACI. Indicate for each item the full cost in the first column, and the funding amount you request for this item in the second column. Only put in numbers, no dots or commas, and no words. If you need to convert costs in your local currency to ZAR, you should use the online converter: <http://www.xe.com/>   * The hotel will be reserved and paid directly by the Bursary team, unless you wish to reserve your own hotel. * The registration fee will be paid directly by the Bursary team * Flights are paid for by the Bursary team * Ground transport between airport and hotel in Cape Town (ZAR 450.00 each way) * Reimbursement of visa and insurance costs will require receipts  |  |  |  | | --- | --- | --- | |  | **Full cost in ZAR** | **Amount being requested** | | Flight (cheapest economy airfare) |  |  | | Visa costs (max. ZAR 500) |  |  | | Accommodation (max. of 3 nights) |  |  | | Airport transfers Cape Town ( ZAR 450/direction) |  |  | | **Total** |  |  |  Departure city \*  |  | | --- | |  |  Number of nights required for accommodation \*  |  | | --- | |  | |