

**IHS Junior Travel Grant**

**20th International Headache Congress**

# Berlin, Germany, September 2021

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| **Conference details** | |
| Name of the conference | IHC 2021  https://www.headache-congress.org/ |
| Date of the conference | 8–12 September 2021 |

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| **Instructions** |
| Please read the criteria carefully, complete the application form (all grey fields) and send the form and accompanying materials **in one Word or pdf file** (by email only), to Carol Taylor: [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org)  Application without this form is not possible. The **deadline** for applications is **12 April 2021**  Applications received after this date will be rejected  Notification will be sent to you by the IHS Juniors Group |

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| **Criteria for application** |
| A. Currently an under- or post-graduate student (including but not limited to medical students and PhD students) or a medical doctor training to become a specialist. For medical doctors alternatively within 3 years of obtaining medical doctorate or academic post graduate degree or specialist certification, whichever was obtained latest. For other academic groups alternatively within 6 years of obtaining latest academic degree |
| B. At least one submitted abstract (complete section 1. and 2. below)  OR If you have NOT submitted an abstract **and** you are a resident of a World Bank country listed as Low-, Lower-Middle- or Upper-Middle-income (see list [here](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519)) complete only section 2. below |
| C. An IHS member (If you are not a member yet, please visit <http://www.ihs-headache.org/> to join\*) |
| **IMPORTANT: Please complete ALL sections of the form, including the Junior Verification Form**  **If the form is not complete your application will NOT be sent to the reviewing committee** |
| **Application content**  1. Completed form  2. Completed Trainee Verification form which should be signed by your supervisor if you are still in training  3. Copy of your latest medical qualification certificate  4. Copy of your passport  **Please send all content as one Word or pdf document**  Please do not send any other documents with your application |

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| **Value of grant** |
| From European destinations: £ 460 |
| From non-European destinations: £ 760 |
| Recipients from developing countries may be offered up to £ 1,000 depending on costs |
| The grant funding is designed to offer funding for the cost of travel and accommodation. Subsistance costs will only be covered in special circumstances on request. |

**Data protection**

To meet the society’s obligations for member’s accountability, some details of Awards will be made available on the society’s website, reports, documents or mailing lists.

Protection of any intellectual property will be fully respected. Nevertheless, and with the consent of the award holder, the society may share the results from the award with its members via its website or owned publications.

Application information will be shared only with the Grant Application Review Committee, and IHS Officers if deemed necessary.

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| **Personal information** | |
| Name |  |
| Date of Birth |  |
| Nationality |  |
| Date of completion of last training  (please specify MD, PhD, etc.)  Copy of certificate to be sent with application |  |
| Current position title  (post-doc, student, clinical fellow, consultant, etc.) |  |
| Current institution |  |
| Full contact address |  |
| Institutional email address |  |
| IHS membership number\* |  |

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| **Other funding** | |
| Are you receiving other funds? | Yes/ No |
| If yes, please specify the amount and source |  |
| Have you applied for other funds from IHS or an external organisation (please provide details) |  |
| **Note: if you receive other funding after you have been awarded an IHS Travel Grant, you MUST inform us** | |
| **Note: If you are awarded a grant and your junior status changes before the congress (e.g. you move to a permanent position), you MUST inform us** | |

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| **Previous IHS grants/funding** | |
| Have you previously received an IHS grant/IHS funding (e.g. Scholarship, Trainee Programme, Fellowship)? | Yes/ No |
| If yes, please specify to which conference/which grant and the year received |  |

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| **1. Abstract(s) submitted**  Please include below any submitted abstracts (including title, abstract body and authors)  If you are not submitting an abstract **and** you are a resident of a developing country leave this section blank and complete the section below |
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| **2. Please provide a summary of your reasons for applying for funding and the impact you believe this will have upon your development if you are successful** (max 300 words)  **ALL applicants must complete this section** |
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**Application deadline: 12 April 2021**

**Applications received after this date will not be accepted**

**\* If you are not yet a member of IHS, please visit the IHS website to join. The membership fees for new trainee members start from US$ 32 (£ 20; € 25).**

**Trainees from World Bank countries listed as Low-, Lower-Middle- or Upper-Middle-income countries can apply for free of charge Associate membership (see** [**https://datahelpdesk.worldbank.org/knowledgebase/articles/906519**](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519)**).**

**For more details on membership please visit:** [**http://www.ihs-headache.org/**](http://www.ihs-headache.org/)

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## Verification of Junior Status

## IHS travel grant application

This form must be completed for travel grant application

IHS Junior membership eligibility:

* currently an under- or post-graduate student (including but not limited to medical students and PhD students) or a medical doctor training to become a specialist
* for medical doctors alternatively within 3 years of obtaining medical doctorate OR academic post graduate degree OR specialist certification, whichever was obtained latest
* for other academic groups alternatively within 6 years of obtaining latest academic degree

If you are currently in training please complete sections 1 and 2

If you are no longer in training, and fulfil the eligibility criteria, please complete section 1 only.

All applications should include a scanned copy of your latest medical qualification certificate

1. Personal Information

Name:

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Degree(s):

Discipline/Specialty:

Occupation:

Type of current or latest training: \_\_\_\_\_\_\_

Duration of Training: (Expected) Completion Date: \_\_\_\_\_\_

Location of Training/Department:

\_\_\_\_\_\_

Signature: Date: \_\_\_\_\_\_

2. Mentor/Supervisor Information (for members currently in training)

I confirm that the applicant is under a trainee status:

Name: \_\_\_\_\_\_

Email Address:

Signature: Date: \_\_\_\_\_\_