



International Association for Child and Adolescent Psychiatry
and Allied Professions
Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent
et des Professions Associées

Education Travel Grant Application Form

Before filling in this form, read the education travel grant guideline carefully on the IACAPAP website (<https://iacapap.org/events/iacapap-education-travel-grant.html>). The completed application form with all supporting documents needs to be submitted to info@iacapap.org before 30 August 2022.

Part 1 - Applicant Information

| | |
|---|--|
| Applicant's Name (First Name/Given Name) | |
| Applicant's Name (Last Name/Surname) | |
| Applicant's Profession | |
| Applicant's Email Address | |
| Applicant's Phone / Mobile <i>*Please include country code</i> | |
| Affiliation | |
| Country of Affiliation <i>*Country of the organisation where you work or study</i> | |
| Gender | |

Part 2 – Required Information

| | |
|-------------------------------|--|
| Are you an IACAPAP Member | <input type="checkbox"/> Yes, I'm a member of Full Member Organisation Name of Full Member Organisation: _____ _____ |
| | <input type="checkbox"/> Yes, I'm a IACAPAP Individual Member |
| | <input type="checkbox"/> No, I'm not a Member of IACAPAP |
| Supporting Document Required: | <input type="checkbox"/> A copy of Letter of Recommendation/Reference <input type="checkbox"/> A copy of curriculum vitae <input type="checkbox"/> A copy of the abstract you are submitted [Abstract Submission Number: _____] <input type="checkbox"/> A copy of the letter of invitation from the conference organiser to present your paper during the conference <input type="checkbox"/> A copy of the official receipt of the conference registration fee |

I hereby confirm that all data given in this form is correct at the time of submission.

Date of application/

Place

Signature