

LASA GOOD PRACTICE SCHEME APPLICATION FORM
(LASA Members and non-members)

**Form to be completed in typescript (or block capitals) and returned to:
LASA Secretariat, PO Box 3993, Tamworth, Staffs, B78 3QU with two copies. Please refer to
the accompanying RULES before completing the form. You should include all relevant
information on the form itself. Please do NOT fax applications.**

1. Name of applicant

2. Position:

Age:

3. Department:

Institution:

Address:

e-mail address:

Telephone No:

4 Brief biographical details

(a) Degrees, awards, qualifications

5. Establishment to be visited:

Name:

6. Location:

Address:

7. Starting date:

Finishing date:

Contact at destination site:

Name:

e-mail address:

Certificate of Designation Holder at
destination site

Name:

e-mail address:

8. Brief description of purpose of visit

Continue overleaf.....

Details of Application

9. Expenses (sterling) - *give full details:*

Cost of Travel:		£
Date: _____	From:..... _____	To: _____
Cost of subsistence:	_____	£
Cost of overnight accommodation:	_____	£
	TOTAL	£

Amount requested by applicant: £ _____

10 Grant applications from other sources for this visit: (Please give full details)

11 Personal contribution to be made: £ _____

12 (a) If granted a bursary, I undertake to furnish LASA Council with a report of the visit within one month of my return, for use on the WebPage or in Newsletter.

(b) If the visit is cancelled, I will return to the Association any money already paid to me.

Signature: _____ Date: _____
(Applicant)

13 This application has my support. The visit is in line with the applicant's job description and/or academic interests and will further his/her knowledge and career.

Signature: _____ Date: _____
(Certificate of Designation Holder)

For Official Use:		
Date received:	Member from	Subs paid for current year
Grant offered:	Accepted:	
Date of previous applications	Amount	