

Application for Conference Support

Doctoral Higher Degree by Research Students

Please do not submit this page with your application

TRAVEL INFORMATION

All students studying in Western Australia (including those who also have a current Curtin University staff ID) and who travel on Curtin University Enrolled Course Accredited Fieldwork* must comply with Curtin's Travel Policy and Procedures available at <http://policies.curtin.edu.au/policies/viewpolicy.cfm?id=6a0227c4-f643-11dc-99ce-45785751f674>. Students travelling to a conference who are also staff are requested to book travel/complete travel documentation using their Student ID.

If you are planning to travel overseas from Australia you will need to complete and submit a Travel Pre-Approval Form, available online at <http://corporaterisk.curtin.edu.au/forms/>, and have the form signed off by the Pro Vice-Chancellor of your Faculty before the travel can be booked. If you are already residing outside Australia you do not have to submit this form.

Curtin's Corporate Travel insurance covers students for domestic and international travel on Course Accredited Fieldwork*.

For specific travel information, such as links to forms necessary to request travel bookings, view the Corporate Risk website at <http://corporaterisk.curtin.edu.au>. We also recommend that you talk with your local Travel Facilitator who can help you further.

All Students travelling on Course Accredited Fieldwork* must book their travel through Curtin's Preferred Travel Management Company, Campus Travel, regardless of the source of funding or the method of payment.

The school or area Travel Facilitator can assist with gaining quotes for Australian Domestic or Trans Tasman Travel through Curtin's Online Booking Tool, e3 Lumina.

Campus Travel offer a price match/beat service and will quote against any other identical fare type which is available from an Australian public website or travel agent, provided the fare is still genuinely available and can be quoted on the same day.

Further information regarding travel and insurance is also available via <http://research.curtin.edu.au/guides/forms/policies.cfm#travel>.

** The term "course accredited fieldwork" also includes travel to conferences for higher degree by research students.*

Contacts

Campus Travel

Email: curtin@campustravel.com.au

Telephone: +61 8 9266 2747

Website: <https://procurement.curtin.edu.au/travel/booking/tms.cfm>

Corporate Risk

Email: CorporateRisk@curtin.edu.au

Website: <http://corporaterisk.curtin.edu.au/contact.cfm>

FINANCIAL DETAILS

Reimbursement for funds expended shall be provided via one of the methods listed below.

1. Creditors Details Form (for funds transfer to an Australian bank account); or
2. Creditors Details Form – Foreign Payments (for funds transfer to an international bank account); or
3. Journal Transfer (for funds transfer between Curtin Cost Centres).

Application for Conference Support

Doctoral Higher Degree by Research Students

Please read Part 5 before completing this form.

Please print using black or dark blue pen in the spaces provided.

The personal information collected on this form will be used by Curtin University for the sole purpose of providing requested and related services. Full privacy statement available at <http://global.curtin.edu.au/legal/privacy.cfm>.

Part 1: Student must complete this section

Student ID Number Title Mr Ms Other _____

If you are a Curtin Sarawak student, please also provide your Sarawak ID Number

Surname / Family Name Given Names

Address for Correspondence

Title of Course Course Code

Enrolling Area Faculty

Home Phone Work Phone

Facsimile Mobile

E-Mail Address

1. Have you attained Candidacy? Yes Date _____ No
You must have attained candidacy before an application for conference support can be approved.

2. Have you previously submitted an application for conference support, and if so, what amount was granted? Yes Amount _____ No

3. Conference details (*including organisers or sponsoring Body; Date(s) and Venue (please attach brochure, advertisement, invitation)*)

4. Reason for application (*theme, aims*)

5. Relevance to research/thesis

6. Title of paper/poster / description of participatory event (*attach confirmation of acceptance of the paper/poster*)

7. Details of related professional visits (*during, prior to, or following the conference*)

8. Costs (*Note: As agreed to by the University in 2001, the maximum allowance that can be claimed by a Doctoral student during candidature is \$2,000*). Please complete Columns A & B.

A Expenditure Item		B Student Projection	C Enrolling Area Contrib.	D FGSC Approved	E Actual Expend.
Fare					
Registration Fee					
Living Expenses:	Days				
Travel in own vehicle:	Kms				
Other:					
TOTAL					

Signature of Student

Date
(DD/MM/YY)

Instruction to Expenditure, Financial Services

- I request that reimbursement of the funds I have requested to support my conference attendance, totalling \$_____, be deposited into the account detailed on the attached *Creditors Details Form*; OR
- I request that reimbursement of the funds I have requested to support my conference attendance, totalling \$_____, be deposited into the foreign account detailed on the attached *Creditors Details Form – Foreign Payments*; OR
- I request that reimbursement of the funds I have requested to support my conference attendance, totalling \$_____, be reimbursed by eJournal transfer.

Deposit Cost Centre:

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Part 2: Student to complete this section upon return from Conference

I confirm that conference support approved by the FGSC in line with Column D above was expended as indicated in Column E during my attendance at the conference to present a paper/poster, and associated professional visits. A one page summary on the conference and related visits is attached.

Signature of Student

Date
(DD/MM/YY)

Please give this form, including either Creditors Details Form (if applicable), to the Supervisor and Head of Enrolling Area for completion of Part 3.

Part 3: Supervisor and Head of Enrolling Area to complete

1. It is recommended that this application be: Approved Not Approved
2. Is the Enrolling Area providing additional funding? Yes Amount _____ No
3. Is the Cost Centre information above correct? Yes No, but has been amended

Comments:

Signature of Supervisor **Date**
(DD/MM/YY)

Signature of Head **Date**
(or appropriate alternate) (DD/MM/YY)

Please forward completed form to the appropriate Faculty Graduate Studies Committee.

Part 4: Faculty to complete

Graduate Studies Committee decision: Approved **Date**
(DD/MM/YY)

Not approved **Date**
(DD/MM/YY)

Comments:

Part 5: Extract from the document outlining Essential Facilities for Higher Degree by Research Students

Support for Conference Attendance:

The University shall provide funding to assist all Doctoral students for at least one visit to a national or international conference during the period of candidature to present a paper or otherwise actively participate (in a discipline specific context) in the conference program. The maximum available level of funding for each student shall be \$2,000. The funding should contribute to the cost of the most economical return airfare, agreed per diem costs (based on student style accommodation) and registration fees. Applications must be approved by the Faculty Graduate Studies Committee prior to degree completion. The funding shall be distributed equitably by Faculties to ensure maximum access for Doctoral students. Students receiving funding are required to provide a written report on the conference attended that should be submitted to the Head of Enrolling Area in an agreed format within one month after the conference. Funding for attendance at a second or subsequent conference or access to the full allocation is not guaranteed. The funding may be supplemented by the research group or Enrolling Area to allow students to meet the full costs of attendance at an international conference. The University Graduate Studies Committee is responsible for overseeing the Doctoral Student Conference Support Scheme and shall receive annual reports on expenditure from each Faculty.

**CURTIN UNIVERSITY - FINANCIAL SERVICES
CREDITORS DETAILS FORM**

ADD A VENDOR

AMEND A VENDOR

COMPLETE THIS SECTION IF THE ACCOUNT IS FOR A STAFF MEMBER OR A STUDENT

STAFF ID	<input type="text"/>	STUDENT ID	<input type="text"/>
NAME	<input type="text"/>	NAME	<input type="text"/>

COMPLETE THIS SECTION FOR ALL COMPANY ACCOUNTS

COMPANY NAME	<input type="text"/>		
ABN NO.	<input type="text"/>	TRADING TERMS	<input type="text"/>

STREET ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

CITY	<input type="text"/>	STATE	<input type="text"/>
COUNTRY	<input type="text"/>	POSTCODE	<input type="text"/>

POSTAL ADDRESS

<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
CITY	<input type="text"/>	STATE	<input type="text"/>
COUNTRY	<input type="text"/>	POSTCODE	<input type="text"/>

CONTACT DETAILS

PHONE	<input type="text"/>
FAX	<input type="text"/>
EMAIL	<input type="text"/>

PLEASE TICK IF A CHEQUE IS REQUIRED

PAYEE NAME	<input type="text"/>
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ALTERNATIVELY PLEASE PROVIDE EFT DETAILS

PAYEE NAME	<input type="text"/>
BANK NAME	<input type="text"/>
BANK BRANCH	<input type="text"/>
BSB CODE	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>

ACCOUNT SET UP REQUESTED BY

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	SIGNATURE	TELEPHONE

FOR FINANCIAL SERVICES USE ONLY

VENDOR CODE	<input type="text"/>	DATE ENTERED	<input type="text"/>
ENTERED BY	<input type="text"/>		

**CURTIN UNIVERSITY - FINANCIAL SERVICES
CREDITORS DETAILS FORM - FOREIGN PAYMENTS**

ADD A VENDOR	
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AMEND A VENDOR	
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COMPLETE THIS SECTION IF THE ACCOUNT IS FOR A STAFF MEMBER OR A STUDENT

STAFF ID		STUDENT ID	
NAME		NAME	

COMPLETE THIS SECTION FOR ALL COMPANY ACCOUNTS

COMPANY NAME			
ABN NO.		TRADING TERMS	

STREET ADDRESS - PO BOX ADDRESS NOT ACCEPTED

CITY		STATE	
COUNTRY		POSTCODE	

CONTACT DETAILS

PHONE	
FAX	
EMAIL	

PLEASE TICK IF A BANK DRAFT IS REQUIRED

BANK DRAFT BENEFICIARY NAME	
FOREIGN CURRENCY CODE	

ALTERNATIVELY PLEASE PROVIDE TELEGRAPHIC TRANSFER DETAILS

BENEFICIARY NAME			
FOREIGN CURRENCY CODE			
BANK NAME			
BANK ADDRESS			
	CITY		COUNTRY
BANK CODE			
SWIFT CODE/OR IBAN NUMBER			
ACCOUNT NUMBER			

ACCOUNT SET UP REQUESTED BY

_____	_____	_____
NAME	SIGNATURE	TELEPHONE

FOR FINANCIAL SERVICES USE ONLY

VENDOR CODE		DATE ENTERED	
ENTERED BY			