

RHS BURSARIES

Individual & Group Applications

Please read the guidelines carefully before completing the form. If you have a disability or special need that requires support, please contact us.

1. PERSONAL DETAILS – INDIVIDUAL/GROUP REPRESENTATIVE	
Surname:	First Names:
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Address for correspondence (inc. post code):	
Tel. No:	E-mail:
Nationality (If you do not hold British or Irish Nationality please state if you are a UK or Irish Resident):-	
Occupation:	
For Group Applications only - Name and Job Title of all participants:-	
2. PROPOSED PROJECT (Brief Summary)	
3. DURATION	
Start Date:	Completion Date:

4. DETAILED ITINERARY and/or DETAILS OF WORK PLACEMENT/CONFERENCE**5. AIMS AND OBJECTIVES**

6. NAMES, JOB TITLES, AND ADDRESSES OF PERSONS CONSULTED ABOUT PROPOSED PROJECT**7. Referee Details** (It is your responsibility to obtain both references)**REFEREE 1****Name:****Job Title:****Contact Details:****REFEREE 2****Name:****Job Title:****Contact Details:**

8. RELEVANT QUALIFICATIONS & HORTICULTURAL EXPERIENCE (CVs of all Group Applicants to be attached)

9. SUMMARY OF COSTS		
a) Travel		
Air Fare	£	(Column for office use only)
Bus/Train	£	
Car hire	£	
Mileage: @ 15p per mile	£	
Total Travel Costs	£	£
b) Administration		
Insurance	£	
Visa	£	
Permits	£	
Total Administration Costs	£	£
c) Subsistence		
Accommodation	£	
Food/stores £..... per day fordays	£	
Total Subsistence Costs	£	£
d) Essential equipment/consumables		
	£	
	£	
Total Equipment Costs	£	£
e) Other Costs (e.g. support staff)		
Total Other Costs	£	£
f) TOTAL ESTIMATED COSTS = (a+b+c+d+e)	£	£
g) CONFIRMED OTHER GRANTS/CONTRIBUTIONS	£	£
h) PERSONAL CONTRIBUTIONS	£	£
i) RHS BURSARY AWARD SOUGHT (f minus(g+h))	£	£

10. PERMITS/INSURANCE/LICENCES	
Is a passport required? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>	Is a driving licence required? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>
Is a travel visa required? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>	Are CITES permits needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>
Do you need a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>	Are other collecting permits needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>
Will you require health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Already obtained <input type="checkbox"/> In process <input type="checkbox"/>	Do you have the necessary leave of absence? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> In process <input type="checkbox"/>
11. GRANTS/FINANCIAL CONTRIBUTIONS	
Name of Organisation:	
Amount Requested: £	Successful? Yes <input type="checkbox"/> No <input type="checkbox"/> Awaiting Response <input type="checkbox"/>
Name of Organisation:	
Amount Requested: £	Successful? Yes <input type="checkbox"/> No <input type="checkbox"/> Awaiting Response <input type="checkbox"/>
Name of Organisation:	
Amount Requested: £	Successful? Yes <input type="checkbox"/> No <input type="checkbox"/> Awaiting Response <input type="checkbox"/>
Name of Organisation:	
Amount Requested: £	Successful? Yes <input type="checkbox"/> No <input type="checkbox"/> Awaiting Response <input type="checkbox"/>
12. DECLARATION	
<p>I confirm that the information given on this form and in supporting papers is, to the best of my knowledge and belief, true and accurate. I understand that if I have given misleading information on this form, this will be sufficient grounds for cancelling my application.</p> <p>If the application for a bursary award is successful, I undertake to provide a written report within 3 months of completion of the project. I agree that the Society may use material contained in my report for publicity purposes.</p> <p>I agree that the information provided on this form may be stored on computer and file and used by the RHS to consider my application. I understand that the application may be shared with other grant giving bodies, but otherwise will be held in confidence by the RHS and not divulged to any other third party without my consent. The granting of an RHS Bursary conveys no responsibility for the welfare of a bursary applicant.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Signature: _____ Date: _____ </div>	