The Platelet Society welcomes applications for skills transfer grants (please see guidance notes).

Please complete all sections of the application form and submit using the form available on the website. (Skills Transfer tab at <https://plateletsociety.co.uk/funding/>). Application deadlines are listed on the webpage. Applications received after this date will not be considered.

**Section 1: MAIN APPLICANT DETAILS** (*i.e. The person doing the visit)*

|  |  |
| --- | --- |
| Name *(Title, First name & Surname)* |  |
| Are you a Platelet Society Member\* | YES  NO |
| Job Title |  |
| Full Address |  |
| Contact Telephone number |  |
| Contact email address |  |
| Lab web site *(if applicable)* |  |

\*Primary applicants are expected to be members of the Society – details on how to join can be found [here](https://plateletsociety.co.uk/platelet-society-membership/)

**Section 2: APPLICANTS SUPERVISOR DETAILS**

|  |  |
| --- | --- |
| Name *(Title, First name & Surname)* |  |
| Are you a Platelet Society Member | YES  NO |
| Job Title |  |
| Full Address |  |
| Contact Telephone number |  |
| Contact email address |  |
| Lab web site *(if applicable)* |  |

**Type of Visit (tick one)**

Lab visit – please complete section 3

Workshop attendance – please complete section 4

**Section 3: HOST LAB DETAILS**

|  |  |
| --- | --- |
| Name *(Title, First name & Surname)* |  |
| Are you a Platelet Society Member | YES  NO |
| Group |  |
| Job Title |  |
| Full Address |  |
| Contact Telephone number |  |
| Contact email address |  |
| Lab web site *(if applicable)* |  |

**HOST CONFIRMATION**

Please provide a letter of invitation from your host laboratory confirming the purpose of the visit and that you will be provided with the required training.

This should be uploaded as a separate file as part of the submission process.

**Section 4: WORKSHOP DETAILS**

|  |  |
| --- | --- |
| Workshop Name |  |
| Website |  |
| Location |  |
| Cost of workshop |  |
| Description of skills to be taught |  |

**REGISTRATION CONFIRMATION**

Confirmation of registration for the workshop will be required before funds are released. This can either be provided at the application stage (if already registered) or if successful.

If uploading this confirmation now, this should be uploaded as a separate file as part of the submission process.

**Section 5: THE PROJECT**

|  |
| --- |
| **Skills being transferred** *Please provide a brief description of the proposed skills to be transferred including the itinerary of the visit, proposed dates, etc.. (Max 600 words)* |
|  |
| **Costs** *Please provide a full breakdown of the costs and what additional funds have been sought/secured.* |
|  |
| **Benefit to the applicant’s professional development** *(Max 200 words)* |
|  |
| **Expected Outcomes** *(Max 200 words)* |
|  |