

THE AUSTRALIAN ARCHAEOLOGICAL INSTITUTE AT ATHENS

ΑΥΣΤΡΑΛΙΑΝΟ ΑΡΧΑΙΟΛΟΓΙΚΟ ΙΝΣΤΙΤΟΥΤΟ ΑΘΗΝΩΝ

AAIA CONFERENCE SUPPORT AWARD

APPLICATION FORM

Personal Information First Name: Surname: Nationality: Date of Birth:
Postal address: Mobile telephone number: Email address:
Academic Information Current position: Current employing institution: Date of employment commencement: Web page confirmation of your institutional affiliation:
Please provide a full academic CV as an attachment
Name and email address of referee
Conference Details Conference name: Conference location: Conference start date: Conference end date: Travel departure date: Travel return date: Conference (or Session) Brief as provided by the Conference/Session organisers It is acceptable to submit a copy of the conference brief as an additional document if appropriate.
It is acceptable to submit a copy of the conference ories as an additional document if appropriate.

ccepted Conference Abstract	
elated AAIA Research Theme(s):	
outputs and Career Progression	
That outputs will arise from the conference? Please provide specific details.	+la a
ow will participation at this conference help advance your career? Please provide context to onference's significance to your field as part of your answer.	ine
onference Budget	. 1
lease provide a full, itemised budget related to your participation in the conference. This may avel, accommodation, subsistence costs, conference participation fee, and visa charges.	' incli

I confirm that I have read and will comply with the policies and standards concerning research ethics of the countries in which I am travelling and working while undertaking the Award.
I confirm that I have read and will comply with the policies and standards concerning health and safety of the countries in which I am travelling and working while undertaking the Award.
I confirm that I will abide by the <u>European Union's General Data Protection Regulations</u> in the undertaking of my Award within the European Union, if relevant to the conference.
I confirm that I understand I am responsible for arranging my own travel insurance and health insurance to cover me during my Award period.
I confirm that I am responsible for organising my own visa arrangements.
Applicant signature and date:

Applicant signature and date: