



# 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.*

## Accepted Conference Abstract

## Related [AAIA Research Theme\(s\)](#):

### Outputs and Career Progression

*What outputs will arise from the conference? Please provide specific details.*

*How will participation at this conference help advance your career? Please provide context to the conference's significance to your field as part of your answer.*

### Conference Budget

*Please provide a full, itemised budget related to your participation in the conference. This may include travel, accommodation, subsistence costs, conference participation fee, and visa charges.*

- 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 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 [European Union's General Data Protection Regulations](#) 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:**