

PRE-TRAVEL APPLICATION FORM

This form must be discussed with, and signed by, your Supervisor BEFORE you commit yourself to any travel or conference expense. It should be filled in even if you are not seeking departmental support for your travel.

Did you know? Students are eligible for free insurance via the University. www.insurance.admin.cam.ac.uk/travel-insurance

Name:		College:	
Course:	DAMTP PhD <input type="checkbox"/> DPMMS PhD <input type="checkbox"/> CCA <input type="checkbox"/> (please tick)	Year:	1 2 3 4 (please circle)
Supervisor:		Research Group: (DAMTP only)	

Dates of proposed absence:	
Destination(s) and reasons for proposed travel:	
Estimated costs (£):	
Travel:	
Fees:	
Accommodation:	
Other:	
Total:	
What amount of support do you hope to receive from the Department? (£)	
What amount of support do you hope to receive from other sources (e.g. College, Organisers, Philosophical Society)? (£)	
Is this your first application?	Yes / No (circle as appropriate)

Risk assessment:			
I confirm that I have read the information on risk assessments at http://www.maths.cam.ac.uk/postgrad/phd-degree/time-away-department/risk-assessment and that I have: (tick as appropriate)			
<input type="checkbox"/> attached an appropriate risk assessment form to this application <input type="checkbox"/> determined through discussion with my supervisor that there are no significant risks and a risk assessment form is not required.			
Student signature:		Date approved:	

Statement of support from your Supervisor:			
Supervisor signature:		Date approved:	

After approval by your supervisor please submit this form to either:

- DAMTP Finance Office, B1.27 if you are a DAMTP student; or
- DPMMS Departmental Secretary, C1.20 or DPMMS Finance Office, C1.19 if you are a DPMMS student; or
- CCA Administrator, Graduate Office C0.15, if you are a CCA student; or
- CCIMI Co-ordinator, F0.09, if you are a CCIMI funded student.

Office Use Only

Authorisation by:	Signature:	Date:
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