**THE ACCESSIBILITY FUND**

**Application Form**

The Fund supports members based in the UK or Ireland who wish to attend physics-related events to develop their careers but struggle financially, by providing grants for their accessibility needs or caring responsibilities.

Applications are reviewed on a rolling basis and may be submitted at any time prior to the event and confirmation of eligibility will normally be given within **four weeks**. Payment will be made on completion of a short report following attendance at the event. If there are exceptional circumstances which would justify an advance payment, they should be explained in the form below. Retrospective awards will not normally be considered.

The fund would not normally provide support of more than £500 in any year.

Please contact benfund@iop.org if you have any queries.

1. **Personal details**

|  |  |
| --- | --- |
| Full name (including title) |  |
| Address |  |
| Postcode |  |
| Email Address |  |
| IOP Membership Number |  |

1. **Event details**

|  |  |
| --- | --- |
| Name of event |  |
| Date of event (include start to end date) |  |
| Approximate time of event |  |
| Location of event |  |
| Briefly describe career benefit of attending (200 words maximum). |  |
| URL for event if available |  |

1. **Support requested**

|  |  |
| --- | --- |
| Details of additional care costs or other support requested |  |
| How much are you requesting? (maximum £500 in any year) |  |
| Summary of personal financial circumstances justifying support from the Fund (maximum 200 words). |  |

Please specify if you have requested or obtained support for these costs from any other source

|  |  |
| --- | --- |
| Source |  |
| Amount |  |
| Date awarded |  |

Have you applied for a grant from the Accessibility Fund before? Yes  No

|  |  |
| --- | --- |
| If yes, please state amount, and date of award |  |

1. **Reference details**

Please provide contact details (preferably electronic) for someone able to support the details in the application. We do not usually need to contact the referee, but occasionally it is helpful for clarifying details.

|  |  |
| --- | --- |
| Name |  |
| Contact details |  |

1. **Payment details**

For all payments:

|  |  |
| --- | --- |
| Bank name |  |
| Account name |  |
| Bank address |  |

For UK payments:

|  |  |
| --- | --- |
| Sort code |  |
| Account number |  |

For European payments:

|  |  |
| --- | --- |
| SWIFT/BIC code: |  |
| IBAN number: |  |

The information you provide on this form will only be used to assess your application and, if successful, to make payment of the grant. Information which is necessary to make the payment will be shared with our subsidiary company, IOP Publishing Limited, who will process the payment on our behalf and with IOP as appropriate. It may also be shared with the named reference contact if we decided to seek input from them.

**I understand that payment will be made once I have returned a short report following attendance at the event. I confirm that the above details are correct.**

**Signature Date**

*(Please type or scan name if returning this form electronically)*

Please return this form to benfund@iop.org