**Santander Mobility Grant - Application Form**

Please read the guidelines carefully before completing this form. Sections (1) - (12) are to be completed by the applicant. A supervisor or Director of Studies must complete section (13); the applicant should send the completed form to internationalstudents@admin.cam.ac.uk

|  |  |
| --- | --- |
| (1) Full name (Surname, first name)  | (2) Cambridge e-mail address |
| (3) Date of Birth | (4) Nationality and country of residence (if different) |
| (5) College | (6) Faculty or Department |
| (7) Current course | (8) Supervisor/Director of Studies |
| (9) Details of proposed study or research travel, including how this will contribute to your studies at Cambridge (up to 200 words).  |
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(10) Intended departure date DD/MM/YY

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| --- | --- | --- |
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 Intended return date DD/MM/YY  Country(ies) to be visited |
| (10) Please set out a **detailed budget** for the total amount required for the proposed mobility, giving details of estimated expenditure broken down into separate elements.

|  |  |
| --- | --- |
| Requirement | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

*Please include as much information as possible, including quotes obtained or course fees. It is expected that you will choose options which provide value for money ie. inexpensive travel.*  |
| (11) You are required to state your total estimated income for this study or research from sources other than any Santander Travel Grant: 1. grants received or promised from College or other sources (give source and amount)

 1. applications for support to which no answer has yet been received (specify in each case the award, the amount requested and the date when the outcome is expected)

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| (12) Signature of applicant confirming accuracy of information provided in this application. Signature ………………………………… Date: …………………………….. |
| (13) Statement of support from Supervisor (graduate) or Director of Studies (undergraduate)*I write the above in support of this grant application and confirm that a risk assessment has been completed and approved for the proposed travel.*  Signature ………………………………… Date: …………………………….. |