Association of Clinical Pathologists

ACP TRAVEL FUND APPLICATION FORM 2026

Name (please print):			
Address:			
Address of laboratory/department where applicant is employed, if different from above:			
Email:			
Telephone Number:		Best time to call:	
Mobile Telephone Number:		Best time to call:	
Title, location and dates of the conference or details of other educational activity proposed, with a brief description of the expected scientific content if the meeting is not well known. (A copy of the programme and registration details should be enclosed where possible. Verifiable details of travel, accommodation and other expenses should be enclosed.)			

Estimate the costs (please delete within brackets as appropriate)	Registration: £……. Travel: £……. (e.g. rail, air and taxi fares and parking fees) Subsistence: £……. (hotel, hostel, other) Other expenses: £……. (specify: …….) **Total: £…….**		
Total funding required from the ACP (if different to above):	£…….		
Please provide details of all other applications for grants for the same purpose, whether successful or not (must be given), preferably with copies of applications and replies:	*Source of grant*	*Successful/Unsuccessful*	*Amount awarded*

Signature of Applicant: _____ **Date:** _____

Are you a member of ACP Council or the Education Committee: YES / NO

Please provide a list of all courses or meetings attended in the past three years, whether funded by the ACP or not (trainees only).

Signature of Educational Supervisor:_____ **Date:** _____
(Only trainee members require an educational supervisor to sign this form)

Please return completed form by email to:

info@pathologists.org.uk