

## UNIVERSITY OF GHANA OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)

## CONFERENCE GRANT APPLICATION FORM

(Please complete this form and attach to your main application)

- All applications must be routed through the relevant Head of Department and Faculty Dean, and should be supported by the relevant documents and invoices (where applicable)
- All applications should be submitted at least 90 days prior to proposed travel date. Late applications shall not be considered.

## I. PERSONAL INFORMATION

(Please write legibly to prevent misspelling)

| Surname:        |   |                                       | First name(s            | s):                  | Title:                          |  |
|-----------------|---|---------------------------------------|-------------------------|----------------------|---------------------------------|--|
| Departmei       | nt:   |                                       | College/Fac             | ulty/School:         |                                 |  |
| Position:       |   |                                       | Years of serv           | vice with the ur     | niversity:                      |  |
| Phone (off      | ice ext.):  |                                       | Cell phone:             |                      |                                 |  |
| E-mail:         |   | -                                     | Fax:                    |                      |                                 |  |
| *please provide | an e-mail addres  | s that is active, as some im          | portant information ma  | y be communicated vi | a e-mail.                       |  |
|                 |   |                                       |                         |                      |                                 |  |
| II.             | CONFERENC   | CE DETAILS                            |                         |                      |                                 |  |
|                 | Indicate the  | a numaga fan whigh                    | vyou ono onnivino       | for this grant       |                                 |  |
| a.              |   | e purpose for which<br>I a conference | i you are appiying      | ; for this grant     |                                 |  |
|                 |   |                                       | • ~                     |                      |                                 |  |
|                 |   | l Workshop/Trainii                    | ng                      |                      |                                 |  |
|                 | _   | ise Conference                        |                         |                      |                                 |  |
|                 | iv. Other   | (please specify):                     |                         |                      |                                 |  |
| b.              | Where is the conference being held?   |                                       |                         |                      |                                 |  |
| D.              | (Venue, City & Country)   |                                       |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |
| c.              | Duration (in  | ncluding dates):                      |                         |                      |                                 |  |
| d.              | What is the   | title of the confere                  | nce/workshop/se         | eminar vou will      | be attending or organising?     |  |
|                 |   |                                       |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |
| e.              | What is the   | theme of the confe                    | rence/workshop          | /seminar you wi      | ill be attending or organising? |  |
|                 |   |                                       |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |
| 4               |   |                                       |                         |                      |                                 |  |
| f.              | _   | presenting a paper                    | = =                     | discussion or pla    | aying any major role?           |  |
|                 | Yes   |                                       | No                      |                      |                                 |  |
| ď               | Цас поль ры   | ronocal /abstract of                  | a haan accontad?        |                      |                                 |  |
| g.              | Yes   | roposal/abstract et<br>¬              | c. been accepteu?<br>No |                      |                                 |  |
|                 | ies [   |                                       | NO                      |                      |                                 |  |
|                 | If your responses to (e) and (f) are yes, give details of your participation (e.g. Title of paper to be presented |                                       |                         |                      |                                 |  |
|                 | and attach a copy of abstract)  |                                       |                         |                      |                                 |  |
|                 |   | -<br>                                 |                         |                      |                                 |  |
|                 |   |                                       |                         |                      |                                 |  |

| (                | Estimated Total Travel Cost:   |  |  |  |  |
|------------------|--|--|--|--|--|
|                  |  |  |  |  |  |
| -                | How much support are you requesting from the University of Ghana?  |  |  |  |  |
| C. 1             | Are you receiving funding from any other source?   |  |  |  |  |
|                  | Yes No   |  |  |  |  |
| ]<br>(<br>-<br>- | If yes, please provide details of source(s) and amounts (Please provide relevant documents as proof of sponsorship from other sources) |  |  |  |  |
| d. 1             | Have you ever received any conference grant from the University of Ghana?  |  |  |  |  |
|                  | Yes No   |  |  |  |  |
| ]<br>-<br>-      | If yes, please provide conference title, dates and amounts received:   |  |  |  |  |
|                  | Have any publications/collaborative research initiatives resulted from your participation in above conferences?                        |  |  |  |  |
|                  | Yes No   |  |  |  |  |
| ]                | If yes, please provide details:  |  |  |  |  |
| -<br>-<br>-      |  |  |  |  |  |
|                  | Have you attracted any research funding to the university within the last 5 years?  Yes   No   No   No   No   No   No   No   N         |  |  |  |  |
| ]                | If yes, please provide details:  |  |  |  |  |

| a.        | Applicant's Signature:                                 | Date:       |  |  |  |
|-----------|--|-------------|--|--|--|
|           |  |             |  |  |  |
| 1.        | Harda C. Carrier                                       |             |  |  |  |
| D.        | b. Head of Department's Comments:                      |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           | Name:  | Signature:  |  |  |  |
|           | Date:  |             |  |  |  |
|           |  |             |  |  |  |
| C.        | c. Comments and Decision of Faculty Board/Review Team: |             |  |  |  |
| <b>.</b>  | 20111101100 0110 200101011 01 1 000110, 200110         | , 101011    |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  | Date:       |  |  |  |
|           | Name:  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           | FOR OFFICIA  | IL USE ONLY |  |  |  |
|           |  |             |  |  |  |
| Recomme   | ndation/Comments:                                      |             |  |  |  |
|           | ·  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
| Date:     |  |             |  |  |  |
|           |  |             |  |  |  |
| Decision: |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |
| Date:     |  |             |  |  |  |
|           |  |             |  |  |  |
|           |  |             |  |  |  |