**Childcare Supplementary Grants**

**FINANCIAL AND ACADEMIC REPORT FORM**

**This form must be completed and returned by no later than one month after the event to:**

Katy Henderson, Council and Society Officer, London Mathematical Society**,** De Morgan House, 57-58 Russell Square, London WC1B 4HS.

|  |  |
| --- | --- |
| Reference number: |  |
| **Grant holder’s name:** |  |
| **Grant holder’s institution:** |  |
| **Title of conference:** |  |
| **Conditions:** | The grant shall be used for the purposes stated in the application.  |
| **Financial Report** |
| **Item** | **Amount £** |
| **INCOME (Please list all sources of income)** |  |
| **LMS Grant:** | **£** |
| **Other sources of funding:** | **£** |
| **Total** | **£** |
| **EXPENDITURE (Please give a breakdown of the expenses the grant covered)** |  |
| **From the LMS Grant** |
| Total | £ |
| *If you have not yet claimed the grant please send your completed Grant Offer and Claim Form with this report.* |
| **Academic Report:**Your report should: (i) describe any benefit to your research/career in being able to attend this event; (ii) indicate any difficulties in obtaining funding for childcare from the event organiser/your institution; (iii) give details where possible of any other funding for childcare obtained; (iv) be concise. |
|  |
| (Continue on another page if necessary.) |
| **Signature of Grant holder:** |
| **Email address:**  |
| Personal data provided on this form may be held and processed on the Society’s computer. A summary of the Society’s data protection policy, including the rights of subjects upon whom data is held, is obtainable from the Administrator of the Childcare Supplementary Grants Scheme (womeninmaths@lms.ac.uk). |