



# LONDON MATHEMATICAL SOCIETY

## Caring Supplementary Grants

### Application Form

Please return the application form to: [caringgrants@lms.ac.uk](mailto:caringgrants@lms.ac.uk)

#### 1 Details of applicant

Title  Full name:

Address:  Tel:

Email:

Current position:

Number of years (full time equivalent) worked in academia post-PhD (PhD students please indicate '0'):

#### 2a Details of activity (conference, school, research visit) for which extra funding is sought:

Activity:

Dates:

Location:

#### 2b Please attach confirmation of your participation in the activity named above (e.g. email confirmation of participation link to conference website, abstract of talk as applicable).

#### 2c Please explain how this activity will benefit your research (continue on a separate sheet if necessary):

#### 3a Details of funding already obtained:

Have you already obtained funding for caring costs from other sources:  Y/N

If yes, please give details of funding already obtained:

Amount: £  Source:

£

£

Total: £

#### 3b Details of funding applied for but not yet obtained:

Do you have any pending applications for funding for caring costs from other sources:  Y/N

If yes, please give details of funding already obtained:

Amount: £  Source:

£

£

Total: £

#### 4 Details of support applied for from the London Mathematical Society

Please give details of the costs associated with care for which funding is sought from the LMS (e.g. nursery or babysitting costs, travel costs for children or carers, other care provision etc.). Please give specific details as to why these costs are necessary (examples might include an explanation of why your children need to travel with you, or why you have opted for a particular type of transport).

Caring cost:		Reason for cost:	
Caring cost:		Reason for cost:	
Caring cost:		Reason for cost:	
Total caring costs required to support participation in this activity:			£
Total caring costs received from other sources:			£
<b>Total caring costs requested from LMS (maximum £200):</b>			<b>£</b>

#### 5 Declaration

Please check the boxes to confirm:

- a. That the funding requested is additional to your usual caring costs:
- b. That, following enquiries caring costs cannot be obtained from your institution or the conference/event organisers:
- c. That you note that the LMS will contact your institution to encourage them to change their policy so that, in future, additional caring costs are allowed as expenses alongside travel and subsistence. No personal or identifying details will be included in this correspondence.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Signature of applicant:**

**Date:**

#### 6 Countersignature

*(only applicable to applicants who are not LMS members)*

If you are not a member of the London Mathematical Society, then your application will need to be countersigned by a member:

**Name of member:**

**Date:**

**Signature of member:**

*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 on request.*