

LONDON MATHEMATICAL SOCIETY Caring Supplementary Grants Application Form

Please return the application form to: $\underline{women and diversity@lms.ac.uk}$

1	Details of applicant							
	Title	Full nan						
	Address:				Tel:			
					Email:			
	Current position:							
		years (full time equivalen hD students please indic		emia				
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):							
3 a	Details of fo	unding already obtained	:					
	Have you already obtained funding for caring costs from other sources:					Y/N		
	Amount:	e give details of funding a f	aiready obtained:	Source:				
		£ £						
	Total:	£						
3b	Details of f	unding applied for but no	ot yet obtained:					
	Do you have any pending applications for funding for caring costs from other sources: If yes, please give details of funding already obtained:						Y/N	
	Amount:	f f	meady obtained.	Source:				
		£						

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4 Details of support applied for from the London Mathematical Society

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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 total caring costs received from other sources: Total caring costs requested from LMS (maximum £20)		£ £						
Declaration								
Please check the boxes to confirm: a. That the funding requested is additional to yo b. That, following enquiries caring costs cannot be the conference/event organisers: c. That you note that the LMS will contact your i change their policy so that, in future, addition alongside travel and subsistence. No personal in this correspondence.								
Signature of applicant:	Date:							
Countersignature (only applicable to applicants who are not LMS membe	rs)							
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:								
		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.

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