



\* Required before final submission

## Museums Professional Training - Travel Grant Application Form

This grant covers the expenses related to attending a conference, seminar or conducting a site visit for professional development. See notes of guidelines for more details.

Please note that your application page must remain 'active' when completing the form. In order to keep the form active and save the text written so far, you can either click 'Next' to navigate to the next page and then return to the previous page or click 'Save and Finish Later' which will take you to your account dashboard. If the application is left inactive for more than 50 minutes, you will receive an alert before you lose any unsaved changes.

### Summary Information

#### Applicant:

\* Prefix

- Select One -

First Name

\* Last Name

\* Name of Organisation

\* Country of organisation

- Select One -



\* Project Title

\* **Total amount requested from the Foundation.** To the nearest pound.

The total requested amount must be the same as the total requested amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). Do not enter any currency symbols e.g. £, \$, € or full stops.

\* **Total project budget.** To the nearest pound

The total project amount must be the same as the total project amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). **Please include the requested amount above in your calculation.** Do not enter and currency symbols e.g. £, \$, € or full stops.

Please provide budget details for your travel grant.

\* What is the start date of your proposed project?

Start date should be no earlier than the 01 January 2020



### Project Description



Please describe the conference or seminar you would like to attend, its date, place and tentative programme, why you consider this event worthwhile, what you will present (if applicable), what you intend to gain professionally, and how you will implement some take-aways in your home institution.

Maximum 1000 words.


Word count 0 of 10

\* Tell us about your position in the museum, and your professional needs at the moment.

## Contact for Correspondence

* Title	* First Name	* Last Name
- Select One - 	<input type="text"/>	<input type="text"/>
* Position at Organisation		* E-mail
<input type="text"/>		<input type="text"/>
* Direct Landline	Mobile Phone	
Include country code.	Include country code.	
<input type="text"/>	<input type="text"/>	
Skype Address		
<input type="text"/>		
* Would you like to register to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (Declining to register will not influence our assessment of the application)		
Please select Yes or No.		
- Select One - 		

## Organisation Details

* Address
Number and Street Name.
<input type="text"/>
* City
<input type="text"/>
* Postal Code
<input type="text"/>
* Website Address
<input type="text"/>
* Phone Number
Include country code.
<input type="text"/>
* Year the organisation was established?
<input type="text"/>
* Where did you first hear about the Rothschild Foundation Hanadiv Europe?
- Select One - 

## Organisation Status

Which best describes the legal status of your organisation? (please state yes or tick one box only)

**Note:** Proof of charitable status will vary from country to country and according to the type of organisation making the application. In all cases, the activities of the organisation must qualify as charitable within the United Kingdom. For more information please consult the [charity commission website](#).

Is your organisation a Registered Charity?

Tick if yes.

☐

Registered Charity Number

If you selected yes to Registered Charity.

\* Organisation in process of registration

Select 

\* Public or Non Profit Organisation

Select 

**Note:** If your organisation is awarded a grant, charitable status must be in place within three months of having received notification of the grant, or your grant may be cancelled.

RFHE is committed to the principles of data protection including the principle that information is only to be retained for as long as necessary for the purpose concerned. In addition to the information submitted in this form, to process this application RFHE may collect information about your project and organisation that you do not directly provide, whether it is information received from third parties, such as referees, employers and partners, or information RFHE collects about your organisation's activities. The application might be shared with an expert committee and occasionally external referees. If your application is successful, RFHE will keep your personal identifiable information for a reasonable period as part of the process of managing the grant. If your application is not successful, RFHE will retain only your contact details and basic information about the project for future reference in case you approach us again. For more information please read our [privacy policy](#).

- \* I am aware that the personal identifiable information submitted in this application including names, email addresses, phone numbers, business addresses, as well as demographic information will be used by RFHE to process this application.

Please tick this box.

☐

- \* I declare that the information supplied in this form is accurate to the best of my knowledge.

Please tick this as your electronic declaration.

☐

End of Application.