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**Dissemination event APPLICATION FORM**

**To apply** - please complete this application form and email it to **contact@healtex.org** by January 14th, 2019. The outcomes will be communicated to the applicants by February 1st, 2019.

**Applicants**

|  |  |
| --- | --- |
| Applicant name and affiliation: |  |
| Your email address |  |
| Names and affiliations of other applicants |  |

**Event information**

|  |  |
| --- | --- |
| Proposed event name |  |
| Event date(s) - if known |  |
| Where will this event be held?  |  |
| Who will the event audience be?  |  |
| Expected number of participants |  |

|  |
| --- |
| Please provide a summary of the proposed dissemination event (including the objectives, speakers and format). Up to 250 words. |
|  |

**Event outcomes and impact**

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| --- |
| Please tell us why this event is important? [Up to 100 words] |
|  |
| In what ways does the event align with the Healtex aims and research challenges? [100 words] |
|  |
| Please list up to three specific desired outcomes from the event. [100 words] |
|  |

**Section 4:** Anticipated costs

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Unit price (£) | Quantity | Total (£) |
| *e.g. Catering for Day 1* |  |  |  |
| *e.g. Travel for XX YY* |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |