



INSTITUTE OF MEDICAL ETHICS

Application Form for Grants towards Conference Attendance for Early Career Academics/Clinicians

Please read the guidelines before completing this form. This includes the definition of 'early career academic/clinician'.

Please note: Applications should be submitted at least 30 working days before the event to ensure we have sufficient time for processing. Whilst we will endeavour to consider applications outside of this timescale, we are unable to guarantee acceptance.

Please ensure you refer to the latest version of the guidelines which is the version on the IME website. Do not use older versions which you may have previously saved as these will differ.

Surname:	First name:
Permanent (home) address:	Address for correspondence (if different from home address):
Home tel no:	Mobile no:
E-mail:	University/Medical School/NHS Trust
Title of conference	Is this conference virtual? Yes / No

Are you an early career academic or a clinician? (See <i>point 3 of the guidelines</i>) ☐ early career academic ☐ clinician	
If you are an early career academic: What higher degree do you hold? ☐ Masters (in ethics/law) ☐ PhD ☐ (other – please explain) When were you awarded your Masters degree or PhD? How many years have you worked since commencing your first academic post, as full-time equivalents? Current UK academic affiliation:	If you are a clinician: When did you complete foundation year 2? How many years have you worked since completing foundation year 2, expressed as full-time equivalents?
If you do not meet the early career criteria but still believe you are eligible as an early career applicant, please provide an explanation below (<i>see point 3 in guidelines</i>):	
If you do not have a current UK academic affiliation but still believe you are eligible, please provide an explanation below:	
Reason for applying for a Conference Grant:	
Have you applied to the IME for a Conference Grant within the last 12 months? Yes/No	

If you have answered 'yes', please state below your exceptional circumstances for this application. (See <i>point 11 of the guidelines</i>)	
Is this grant application to present work for which you have previously received an IME conference grant? (See <i>point 12 of the guidelines</i>) Yes / No	
If yes, please justify this application below:	
Date of conference:	Who is organising the conference?
Where will it take place?	Cost of conference booking fee:
Please provide the conference web link if available:	Cost of travel: (See <i>point 7 of guidelines</i>)
Cost of accommodation:	Cost of poster printing (if applicable):
Total amount being applied for:	
Have you applied for conference funding from your university or trust? If yes, what was the outcome? If no, please explain why you have not applied. Have you applied elsewhere? If so, please specify.	

How did you find out about this award?

What do you expect to gain from attending the conference?

Relevance to medical ethics and specifically to the stated aims of the IME
(See point 5 of guidelines)

Are you presenting at the conference? Yes/No If yes, please attach an abstract of your presentation or poster below. <i>Please note:</i> <i>If you are attending a conference outside of the UK, you must be presenting a paper or poster to qualify for an IME grant.</i>	
Has your paper or presentation been accepted? Yes/No <i>You must submit evidence that your presentation has been accepted when submitting your application.</i>	If yes, specify whether this is oral or poster.
Is this a single or joint presentation? Please tick below (see point 6 of guidelines) ☐ single presentation ☐ joint presentation If joint, please give the name of your co-presenter:	
What is the title of your presentation?	

Abstract:	
If your application is successful, we ask you to write a report reflecting on the conference, outlining what you have learned from attending. (No more than 1 side of A4 and in not less than font 11 point). Please send this within three weeks of the conference to the IME. (See <i>point 15 of guidelines</i>.)	
Please note that if your application is successful the IME may want to publish your report, or extracts from it, on our website.	
Please delete as appropriate: I agree/I do not agree to publication. Signature: Date:	Signature and position of applicant's supervisor/ line manager (delete as appropriate): Signature: Position: Date:

Last reviewed: October 2025
Reviewed annually