

## Application for financial support for Overseas Conferences

The completed application form and relevant supporting documents should be submitted to:

Attn: Mr Cheng Woon Tien ([woontien@nus.edu.sg](mailto:woontien@nus.edu.sg))

CC: Your supervisor's institutional email **and** Ms Tay Gek Sun Sherline ([medtgss@nus.edu.sg](mailto:medtgss@nus.edu.sg))

### **Note**

1. The total amount of financial support for **Wong Hock Boon Society (WHBS) members** is **up to S\$700 per student** throughout the undergraduate years (M1 – M5).
2. Financial support is subject to the following conditions:
  - Students **must be a member** of WHBS and the 1<sup>st</sup> or co-presenting author of oral/poster presentation.
  - Application will be considered if **submitted 2 months before the event**.
  - Reimbursement only for the student registration fees, the most economical airfare by the best direct route (quotation from NUS-appointed travel agent) and hotel accommodation (moderate 3 or 4 star hotel or conference hotel rates).
  - Financial assistance is provided on a **reimbursement** basis.
  - Conference **funding review meeting will be held every 2 months** by the Committee.
3. Please submit the completed funding application form and supplement the necessary related documents for our funding committee review.
4. Late submissions or submissions that do not adhere to the instructions will not be submitted to the funding committee for review.

Funding is a privilege and not a right. Funds disbursement is subject to funding availability and approval from Committee. WHBS will not support funding for conferences held in countries listed in OHSE alert list.

### For Overseas Conference Funding

<b>Checklist of documents for submission for Overseas Conference support</b> (Include supporting documents and indicate N.A, where applicable)	
<input type="checkbox"/>	1. Abstract of conference paper (including order of authorship)
<input type="checkbox"/>	2. Invitation email from organiser for presentation
<input type="checkbox"/>	3. Proof of Registration Fee
<input type="checkbox"/>	4. Proof of Leave of absence (from Education Section, Dean's Office)
<input type="checkbox"/>	5. Airfare – economy class (Quotation from Booking.com/Airline website)
<input type="checkbox"/>	6. Hotel accommodation (moderate 3 or 4 star hotel or conference hotel rates)
<input type="checkbox"/>	7. Indemnity Form (both the applicant/guardian and witness' signature must be provided)
<input type="checkbox"/>	8. Supervisor's email acknowledgement and approval
<input type="checkbox"/>	9. Risk Assessment Questionnaire
<input type="checkbox"/>	10. Contact details of Next of Kin and Overseas Conference Organiser
<input type="checkbox"/>	11. Travel Itinerary
<input type="checkbox"/>	12. Proof of Travel Insurance (refer to page 3, item 13 if you would like to opt for NUS covered travel insurance)
<input type="checkbox"/>	13. Receipt of Registration from Ministry of Foreign Affairs (MFA) (Register at <a href="https://eregister.mfa.gov.sg/eregisterportal/common/preLoginEregisterView.action">https://eregister.mfa.gov.sg/eregisterportal/common/preLoginEregisterView.action</a> )

**PART I - TO BE COMPLETED BY APPLICANT**

1. Name (Mr/Miss) : \_\_\_\_\_ Student Matriculation. No. : \_\_\_\_\_
2. Year of Study : M1 / M2 / M3 / M4 / M5
3. Contact Numbers : (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_
4. Citizenship :  Singaporean  PR of Singapore  Others: \_\_\_\_\_
5. Supervisor's name : \_\_\_\_\_
6. Supervisor's email : \_\_\_\_\_
7. Department/ Institution : \_\_\_\_\_
8. Title of Conference : \_\_\_\_\_
- Venue and Country : \_\_\_\_\_
- Dates : From   Date   To   Date
- Proposed period of leave: From   Date   To   Date
9. Nature of Participation : **(Please attach relevant correspondence, e.g.: evidence of paper/poster acceptance)**  
 Oral Presentation  Poster Presentation
- Indicate Order of Authorship : \_\_\_\_\_
- Title of Paper : \_\_\_\_\_
- Authors / Co-authors : \_\_\_\_\_

Name	Department

10. Please state the objectives to be achieved by attendance at this conference:  
*1 page report to be submitted within 2 weeks after end of conference.*
- \_\_\_\_\_
- \_\_\_\_\_
11. **Contact details of Organisation**
- Name of Organisation: \_\_\_\_\_ Contact Number : \_\_\_\_\_
12. **Next of Kin contact details**
- Name : \_\_\_\_\_ Contact Number : \_\_\_\_\_
- Relationship : \_\_\_\_\_ Email : \_\_\_\_\_

13. Financial assistance requested, details given below:

No.	Description	Cost (S\$)	Funding Requested (S\$)
a.	<b>Student Registration Fee*</b>		
b.	<b>Airfare**</b> (Attach quotation from authorised travel agent)		
c.	<b>Hotel Accommodation***</b>		
<b>TOTAL</b>			

Supporting documents to submit, for costs where reimbursement is being requested

- (i) Receipts if paid via cash
- (ii) E-invoice/E-receipt and bank statement (SOA) if paid via credit card (Please declare relationship if card holder is not you)
- (iii) Copy of bank statement (SOA) or credit card statement (SOA) that reflects the above payments in S\$ if payment was in a foreign currency. (Please declare relationship if card holder is not you)

**\* Failure to submit the relevant supporting documents would result in delays for processing the claim**

Please use [Booking.com/Airline Website](https://www.booking.com/airline-website) to source for air tickets (Economy class), and fly via the most direct and economical route available.

\*\*\*\*Kindly obtain NUS covered travel insurance through the following link:  
<https://myportal.nus.edu.sg/studentportal/student-insurance/all/>

14a. Financial assistance received from other sources if expenses at the conference exceed S\$700:  
**(COMPULSORY to complete this section)**

No     Yes ; details given below and copies of relevant correspondence attached

Source of additional funding: \_\_\_\_\_

Amount received from above source S\$ \_\_\_\_\_

How will the remainder cost of conference be met? \_\_\_\_\_

14b. Other financial assistance received from WHBS previously:

Event Title	Venue	From	To	Amount funded (S\$)

15. **Travel Itinerary**

Arrival Date: Date \_\_\_\_\_

Departure Date: Date \_\_\_\_\_

Duration of Stay: Number days

Days	Itinerary
1 <sup>st</sup> Day	
2 <sup>nd</sup> Day	
3 <sup>rd</sup> Day	
4 <sup>th</sup> Day	
5 <sup>th</sup> Day	

16. I will be travelling alone / accompanied by \_\_\_\_\_ (please specify, if applicable).

I declare that the information provided above is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: Date \_\_\_\_\_

## Indemnity Form

Students who are below 18 years old are required to have their parent/legal guardian complete this form. Students who are above 18 years old have to acknowledge by signing this indemnity form.

## Indemnity Form

**Please bring this form duly completed with you when you check in for the Event –**

<Name of Event>

I, \_\_\_\_\_ (Name of student/parent/guardian, as applicable)

\_\_\_\_\_, \*parent/guardian of \_\_\_\_\_

\_\_\_\_\_, (Name of student) \_\_\_\_\_, hereby declare that \*I/my \*child/ward \*am/is participating in the **<name of event>**, [including the trip to **<location of event>**,] on **<date of event>** (the “Event”) of \*my/his/her own free will and volition, \*am/is aware of the risks involved and in consideration of being permitted by **<organising agency>**, National University of Singapore (“NUS”) to participate in the Event, I, for myself \*and my \*child/ward, my successors, personal representatives and assigns:

(a) do hereby absolve, acquit and discharge NUS and its officers, servants, employees, agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation and to the extent permissible by law, physical injury, loss of life or property damage) caused by or sustained as a result of \*my/my \*child/ward’s participation in the Event; and

(b) will indemnify and keep indemnified, save and hold harmless NUS and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my/my \*child/ward’s participation in the Event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In the presence of:

\_\_\_\_\_  
Signature of Witness

*\*Please delete accordingly.*

\_\_\_\_\_  
Name of Witness

**PART II - TO OBTAIN ACKNOWLEDGMENT AND APPROVAL FROM SUPERVISOR(S)**

1. Please obtain acknowledgement and approval from your supervisor(s) before application. The email approval request should be sent to your supervisor's **institutional email**.
2. The approval email must be attached with this application form.
3. Please also CC your supervisor's institutional email when submitting this form for WHBS funding.
4. Name of Supervisor(s): \_\_\_\_\_
5.  **Supported**  
 **Not Supported**