



[www.iassw-aiets.org](http://www.iassw-aiets.org)

International Association of Schools of Social Work  
Association Internationale des Ecoles de Travail Social  
Association International de Escuelas de Trabajo Social  
国際社会工教育联盟  
国際ソーシャルワーク学校連盟

## IASSW Solidarity Fund Board Member Application Form

IASSW will reimburse the cost of economy class airfare, sufficient nights and essential related expenses (such as ground travel and visas) to attend the Board meeting to a value not to exceed US\$2500. Please obtain estimates for travel and accommodation and include them with this application. Please convert all estimates to US dollars (you may find the following website useful: <http://www.xe.com/currencyconverter>). Advanced disbursements will be made only after any necessary visas are in hand, and evidence of flight insurance has been provided. (These are not necessary for reimbursements after travel.) Applications must be received by the requested date; late applications will be considered only if unallocated funds are available.

### Personal details

Name: \_\_\_\_\_

Work Phone: + \_\_\_\_\_ Mobile/Cell: + \_\_\_\_\_

Email : \_\_\_\_\_

Meeting location: Nairobi, Kenya Meeting dates: 10-13 January, 2017

### Anticipated costs

Estimated cost of air travel (please attach estimate from your carrier or travel agent): \_\_\_\_\_

Estimated cost of accommodation: \_\_\_\_\_

Length of stay: \_\_\_\_\_ nights @ \_\_\_\_\_ cost per night  
(if the length of stay exceeds the meeting dates please provide an explanation below)

**Total anticipated cost (USD):** \_\_\_\_\_

### Expected support

What support do you expect from all sources (employer, government agencies, national or international organizations, personal funds, etc.) to attend this meeting?

Employer: \_\_\_\_\_ Estimated amount: \_\_\_\_\_

All other: \_\_\_\_\_ Estimated amount: \_\_\_\_\_

IASSW Solidarity Fund Requested amount: \_\_\_\_\_

**Total expected support (USD):** \_\_\_\_\_

**Additional essential costs or cost justification (attach additional pages if necessary)**

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please scan and attach both pages of this form and supporting documents to:  
Mark Henrickson, Treasurer, email: [m.henrickson@massey.ac.nz](mailto:m.henrickson@massey.ac.nz)

**PLEASE COMPLETE THE BANKING INFORMATION ON THE NEXT PAGE**

**Section B** (if you request that **your institution** be reimbursed for your travel, please complete Section B; if you are being personally reimbursed, complete only Section C)

Contact

Name of institutional contact person for financial matters related to this application (this should be a person in your business office): \_\_\_\_\_

Email address of business contact: \_\_\_\_\_

Full physical address of institution (not PO Box, Private Bags, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number of business contact: + \_\_\_\_\_  
(include country code)

**Section C** (Please complete all sections)

Bank account

Name on bank account: \_\_\_\_\_

Bank name: \_\_\_\_\_

SWIFT Code: \_\_\_\_\_ Routing code: \_\_\_\_\_

Account number: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_