

Society for Reproductive & Infant Psychology

Registered Charity No. 1013235

SRIP RESEARCH DEVELOPMENT WORKSHOP GRANT APPLICATION FORM

**Full Name of all Applicants and Affiliations:**

\* Please state which applicants are members of SRIP

**Purpose of workshop (main aim):**

**Amount requested:**

**Title of workshop/meeting:**

**Date and Venue:**

*Please provide a proposed month and year. We recognise that the date may be dependent upon the timing of confirming successful award.*

**Background and details of academic and/or clinical importance of workshop:**

**Proposed outputs:**

**Relevance to the aims of SRIP (see website www.srip.ac.uk):**

**What groups of professionals and academics will be involved? Details of proposed speakers and/or participants (number and names where known):**

*We recognise that some of these names may be subject to change.*

**Justification of costs. Please give a breakdown of the total amount required:**

Travel expenses for speakers and participants:

Accommodation:

Room booking fee:

Refreshments:

Other costs:

**Has any other source of funding been secured, or applied for?**

**If yes, please give details:**

**Name and Contact Details of Main Applicant:**

**Signature of applicant (electronic is acceptable):**

**Please email the completed form by 31st May 2025 to both:**

**Dr Kayleigh Sheen**

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NOTE: There will be a maximum of 3 workshops funded per year at the discretion of the committee. It is a condition of the funding that a 500 word report be provided along with a list of attendees.