



Supporting Interpreters to Attend the efsli AGM and Conference

APPLICATION FORM 2017

Before completing this application form, please make sure that you are familiar with the eligibility criteria and obligations of successful applicants. Please read the **efsli Special Attendance Fund - Application Guide** before completing this application form.

Sections 1 to 6 of the application form have to be filled in by the applicant personally in written English. **The questions in section 2 may alternatively be answered in International Sign.**

Only section 7 is to be filled in by the national organisation of Sign Language Interpreters and handed in together with a letter of support (both in English).

Incomplete applications and applications that have not been signed (Section 6) will be rejected. Late applications will not be accepted.

All information contained in your application will be regarded as confidential. It will be seen only by the saf sub-committee.

This SIGNED form must be sent by **15 APRIL 2017** to SAF Committee

Email: saf@efsli.org

Section I: Applicant details

Name of the applicant:	
How should we address you? (Mrs., Ms., Mr., other)	
Postal address:	
Country:	
Telephone number (including country and area codes):	
Email address:	
How long have you been working as a sign language interpreter?	
Will you be able to follow the conference in one of the conference languages?	
Have you been funded by saf before? If so, when?	
Will you be working at the AGM or conference as an interpreter?	
Have you got any prior convictions?	

Section 2: Why do you wish to be funded?

What do you hope to gain from attending the [efсли](#) event?

Who will you inform about your attendance if funding is approved?

(Please answer personally and as detailed as possible.

You may answer the questions in this section in International Sign and send us the video/a link to it.)

Does your country/region have a network for sign language interpreters?	YES	NO
Are people in your country/region aware of efsli?	YES	NO
Can you share your experience of efsli in your country/region, either in an article, a presentation or an event?	YES	NO
Have you attended an efsli conference before?	YES	NO
Have you attended an efsli school before?	YES	NO

Section 3: What other funding options are possible?

Who else have you approached for funding?

Name of organisation and amount in Euros	What will the funds be used for? <i>(travel costs, accommodation,...)</i>	Outcome <i>(If you do not know now, please write down when you will know.)</i>

Section 4: How much funding are you requesting from SAF?

How much funds are you requesting to attend the **efqli** event?

<p>Please state the amount of funds you need <i>(Please give the amount in Euros.)</i></p>	
<p>Please state for what the funds will be used <i>(travell/accommodation/conference or combination of these)</i></p>	

Section 5: Payment details

The sub-committee may make payments of a fixed amount towards a particular expense. Payment may be made a) direct to the applicant after the event on production of the necessary documentation; b) to another party on behalf of the applicant in respect of a related expense. If the conference fee is funded, it will be paid directly to the organizers. Payment will be made in the appropriate currency by bank transfer.

If funding is approved, then how should it be paid? <i>(directly to the conference organizers, to you, to your national association or to another third party)</i>	
Full details of your bank account including IBAN, BIC, account number and address	
Full details of the national association's bank account including IBAN, BIC, account number and address <i>(only if applicable)</i>	
If payment is to be made to a third party please provide full details <i>(only if applicable)</i>	
In which currency is payment required?	

Section 6: Declaration

**I declare that the information provided in this application is true and correct.
I understand that the sub-committee is the body that will decide on this application and that their decision is final and I will not enter into any further correspondence.
In the event that my application is approved then I agree to abide by the requirements of successful applicants as set out in the **Special Attendance Fund Guidelines**.
In the event that I am unable to attend after receiving funding then I agree to notify the sub-committee immediately.
I accept that if the sub-committee finds that I have given false information, I will have to return the funding.**

Signed:	
Date:	

Please now check that you have:

- * Answered all the necessary questions fully
- * Signed and dated this application
- * Attached section 7 filled in by your national association and a letter of support

WHEN YOU HAVE SIGNED IT PLEASE SCAN/PHOTOGRAPH THE FORM AND EMAIL IT TO SAF@EFSLI.ORG.

Section 7: Details of national organisation of sign language interpreters
(to be filled in by the national organisation)

(If your country does not have a national organisation of sign language interpreters, please provide a separate letter of support from a third party explaining why they support your application.)

What is the name of your national organisation of sign language interpreters?	
In which year was this national organisation of sign language interpreters established?	
What is the legal status of your organisation?	
Has your national organisation of sign language interpreters been represented at an efсли conference in the past? If so, when?	
What financial assistance is the association able to give to the applicant?	
Can you guarantee that the applicant's profile is appropriate for receiving a funding by saf?	

Please attach a separate letter of support on your official letterhead to this application explaining your reasons for supporting this application.