

Novo Nordisk UK Research Foundation

Attending a meeting or conference Application Form

Novo Nordisk Ltd is the sole donor to The Novo Nordisk UK Research Foundation (NNUKRF), however, NNUKRF decides and allocates funding independently to fulfil its own independent charitable objectives.

Charity registration number: 1056410.

If you have any queries regarding this application form, please contact NNUKRF on ukresearch-foundation@novonordisk.com.

Important notes:

Use this form to apply for funding to attend a meeting or conference related to the care and management of people with diabetes.

Applications will be triaged to ensure compliance with these guidelines.

Please read the information www.nnukrf.org.uk/how-to-apply before completing this form.

Applications cannot be accepted without the applicant's signature

Please ensure you complete your application in full answering each question.

Do not send any attachments separately

Incorrectly completed applications will be rejected

For successful applicants this document including the CV will be securely stored until we receive the final report. For unsuccessful applicants this form and CV will be securely stored for 12 months

Applications including CVs are shared with the Nurse and Allied Healthcare Professional Selection Committee and may be shared with the Board of Trustees.

Due to the large number of applicants, there will be no formal feedback to applicants

Payment details - please note we cannot pay to personal accounts we can only pay to your host institute

Please insert a maximum 1 page summary of your CV in this application form

These awards are open only to healthcare professionals allied to medicine. Medically qualified (GMC registered) professionals are not eligible to apply.

The meeting or conference must take place in the UK.

The meeting or conference must take place after 31 March 2026

The funding cannot be used for a person other than the applicant.

Name of applicant:

Job title:

Profession: (Nurse, Podiatrist, Pharmacist, Dietician, Other):

Registration number:

Place of work (full address):

Phone number:

Email address:

Conference or meeting title:

Link to the Meeting or conference:

Start date of meeting or conference:

End date of meeting or conference:

Breakdown of funding requested:

Total amount of funding requested:

Have you successfully applied to NNUKRF before?

Yes

No

If Yes, did you submit a final report?

Yes

No

Please outline key aspects of the meeting/conference programme which will be relevant to your practice and how your attendance will benefit people with diabetes, your diabetes service and you personally. (maximum 1 page)

Summary of CV (maximum 1 page):

If your application is successful you give consent for the named applicants, photos, images and award information to be published on the NNUKRF website and any other materials (such as newsletter and emails) and to be included in the NNUKRF Annual Report (which is published on the Charity Commission website).

Yes

I confirm that if funding is awarded it will be used only for the purposes described in this application or will be returned to NNUKRF.

Yes

I agree to submit to NNUKRF a report within 3 months of attending the meeting or conference.

Yes

I confirm that I have approval from the Head of Department for me to attend this meeting or conference.

Yes

Name of Head of Department

Email address of Head of Department

Signature of Applicant

Date

Please refer to the website www.nnukrf.org.uk for the submission deadline and the timeline for review and communication to applicants.

Please submit your application form to ukresearchfoundation@novonordisk.com

Do not send any other documents.