**EuroMarine 2024 Grant for Parental Care for Travelling**

*To apply to the EuroMarine 2024 Grant for Parental Care for Travelling (€200), please complete the information below including your signature and send it to both* *secretariat@euromarinenetwork.eu* *&* *director@euromarinenetwork.eu* *(the reception of the documentation will be acknowledged).*

**Personal Information**

|  |  |
| --- | --- |
| Name  |  |
| Surname |  |
| ID or passport number |  |
| Affiliation |  |
| Position |  |
| Address |  |
| Event (Country) | *Please add the name of the event (country where it will be held)* |
| Date of the event |  |

**Account Information**

|  |  |
| --- | --- |
| Account holder name |  |
| Account holder Address |  |
| IBAN |  |
| BIC (swift) |  |
| Bank name (receiving bank) |  |
| Bank address |   |
| Grant Amount | €200 |

**Declaration of Honour**

**Ref: EuroMarine 2024 Grant for Parental Care for Travelling (€200)**

The undersigned [insert the name of the person signing this form], with [ID or passport number] declares that [he/she]:

1. Will travel to the event stated above with their child/children under the age of 2 years;
2. Has secured a position for in-person attendance to the event stated above;
3. Is affiliated to a EuroMarine 2024 Full Member organisation.

**The person subject to this declaration may be subject to grant rejection if any of the declarations or information provided as a condition for applying to the Grant prove to be false.**

Full name:

Date:

Signature:

Endorsement of parental care grant application from an official EuroMarine Member Organisation representative in the Applicant’s organisation:

Full name:

Position:

Date:

Signature: