1) Contact info

Name of main responsible: Other organizers:

|  |  |  |
| --- | --- | --- |

Email address: Phone number:

|  |  |  |
| --- | --- | --- |

2) Additional information

School(s) of applicants: Department(s)/division(s):

|  |  |  |
| --- | --- | --- |

3) Event

Name: Event type (write ‘X’ in all that apply):

|  |  | [ ] JML (Equality, Diversity, and Equal Treatment)[ ] Reception for new students[ ] Student influence[ ] Educational quality[ ] Health and wellbeing[ ] Career or professional development[ ] Social event/activity[ ] Sustainability[ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |

Expected number of participants: Target group (e.g. council, school, program):

|  |  |  |
| --- | --- | --- |

Date of event (if applicable):

From (dd/mm/yy): To (dd/mm/yy):

|  |  |  |
| --- | --- | --- |

4) Budget

Total funding requested from the PhD Chapter (SEK):

|  |
| --- |

Estimated breakdown of costs:

| Item | Description | Total cost |
| --- | --- | --- |
|  |  |  |

5) A short description of the event (max. 500 words):

|  |
| --- |

6) Contact

Please submit this form to board@dr.kth.se after filling it out. For any questions about this document, feel free to also contact board@dr.kth.se.

Note: The data submitted via this form will be treated subject to EU General Data Protection Regulation (GDPR) and Public Access to Information and Secrecy Act (OSL) (2009:400).