

# Conference Grant Application Form

Nurses and Allied Health Professionals

Please read the application guidelines before completing this form.

## APPLICANT DETAILS

Title: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Current position/title: \_\_\_\_\_

Nursing/Ahpra registration number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Please attach a copy of your current Curriculum Vitae to this application**

Details of the conference you wish to attend (name, location, dates): \_\_\_\_\_

\_\_\_\_\_

Briefly explain why the conference will be beneficial for you professionally: \_\_\_\_\_

\_\_\_\_\_

Have you submitted an abstract for the conference?  Yes - please attach a copy of your abstract  No

## BUDGET

Please complete a budget below outlining registration fee, travel costs and accommodation costs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL COSTS** \$ \_\_\_\_\_

Funding sought from Cancer Council WA \$ \_\_\_\_\_

Funding to be contributed from other sources \$ \_\_\_\_\_

Please state how the additional costs will be funded (e.g. self/employer etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that **Cancer Council WA may not be able to cover the full costs** of conference attendance so it may be that you need to identify how the balance of your costs will be funded.

## Conditions of the Grant

I agree that if my application for a grant is successful, I will:

- Use the grant only for the purpose of travel, accommodation and conference registration directly connected with the approved conference.
- Seek written approval from WACOG/Cancer Council WA for any changes related to the grant, including changes to the budget.
- Provide within four weeks of the conference completion an invoice addressed to Cancer Council Western Australia Inc detailing how the grant funds were spent (including receipt for conference registration), signed by the Grant Recipient.
- Agree to write one brief (250 word) article outlining a presentation of particular interest or giving a conference overview for the WACOG Cancer Matters quarterly newsletter.

I acknowledge that:

- WACOG/Cancer Council WA reserves the right not to make any grant, to make a grant that is less than the budget proposed by the Grant Applicant, or to impose conditions on the making of a grant.
- WACOG/Cancer Council WA may withdraw completely or reduce the grant amount if, in the reasonable opinion of WACOG/Cancer Council WA, it has not been used for the Approved Purposes.
- Once WACOG/CCWA make a final decision as to the successful Grant Applicant, no further correspondence will be entered into.
- By providing my personal information and submitting an application, I agree that my information will be used and disclosed by Cancer Council WA in accordance with their Collection Statement and Privacy Policy, available at [www.cancerwa.asn.au/notices/privacy](http://www.cancerwa.asn.au/notices/privacy).
- Applications will be shared with a third party, Business Events Perth, who may contact the applicant regarding the conference they are attending. Business Events Perth are a government supported organisation responsible for attracting international and interstate business events to Western Australia. They will not be involved in the decision making process ([www.businesseventspertth.com](http://www.businesseventspertth.com)).
- Any grant is personal to the grant applicant and cannot be transferred to another person.
- Grant funds are only available for reasonable expenses that are for Approved Purposes.
- My employer (where appropriate) has in place current insurance policies for workers compensation and motor vehicle third party insurance, and that these policies will be maintained for the duration of the approved conference that I am attending.

## DECLARATION

I declare that I have read and understood the Conditions of the Grant, and that the information I have given on this form is correct and complete.

### Grant Applicant

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Witness

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed applications to:*

**WACOG – Cancer Council WA**  
**Level 1, 420 Bagot Road, Subiaco 6008**

E: [wacog@cancerwa.asn.au](mailto:wacog@cancerwa.asn.au)  
T: 08 9212 4345

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