

ADVANCED MEDICAL TRAINEES

Please read the application guidelines before completing this form.

DETAILS OF GRANT APPLICANT

Title: _____ Given name(s): _____ Surname: _____

Present Position/Title: _____

Medical Board 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 No

If yes, please attach a copy of your abstract:

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.

DECLARATION BY THE GRANT APPLICANT

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.
- Commit to present to colleagues at a WACOG education meeting upon return (clinical relevance, key messages from the meeting).
- Agree to write one x 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.
- 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

Email: wacog@cancerwa.asn.au

Phone: 9212 4345