

**HEALTH PROFESSIONAL GRANT APPLICATION**

**Continuing Medical/Nursing;**

**Research and Allied Health Education;**

**Conferences, Courses Support and Resources**

**1. Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Family Name** | | **First names** |  |
| **Position** | **Department** | | **Institution** | |
| **Address (mailing)** | | | | |
| **Telephone** | **Fax** | **Mobile** |  | |
| **Email** | | | | |
| **Describe your current role and involvement with childhood cancer.** | | | | |

**2. Nature of Funding requested (circle)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Conference** | **Course** | **Professional Membership** | **Educational Material** |
| **Brief details of funding request.**  **Please attach conference or course brochures, professional membership invoice or details of educational material. Please provide more details in section 4.0 below.** | | | |

**3. Relevance of Conference/Programme/Workshop to Child Cancer Foundation**

|  |  |  |
| --- | --- | --- |
| **Is the knowledge you will gain relevant to the wider Child Cancer Foundation Community. (please circle)** | **Yes** | **No** |
| **If yes, please describe how this information would be shared with the members and/or employees of Child Cancer Foundation** | | |

**4. Amount of Funding Requested (conferences/courses)**

|  |  |  |
| --- | --- | --- |
| Airfares |  | $ |
| Registration/Fees |  | $ |
| Accommodation |  | $ |
|  | **Total** | $ |
| **Please note other Funding applications pending or approved, including DHB for any specific application** | | |

**5. Conference/Course/Professional/Educational Details**

|  |
| --- |
| **Conference Title/Name** |
| **Dates** |
| **Venue** |
| **Relevance of Programme to Childhood Cancer and Other Relevant Details (For example, presenting a poster, session chair etc – please provide poster/paper title)** |
| **Applications for Professional Memberships and Educational Material – please provide details here** |

**6. Employer Contribution and Approval**

|  |
| --- |
| **If leave from your employer is required, has leave for this purpose been approved by your supervisor/employer?** |
| **Leave with pay?** |
| **Employer’s contribution** |
| **Referee (Please name 2 referees, with contact details)(Please ensure that prior permission of referees is obtained)**  1. |
| **Referee**  2. |

**7. Agreement by applicant**

|  |  |
| --- | --- |
| **Name** | **Date** |
| **Statement for conference/course attendance**  **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  **confirm the above details are correct, and agree to submit a report to the Child Cancer Foundation, within one month of completion of the conference/course outlining the major outcomes or highlights. I further agree to present relevant information to CCF staff and/or families if requested.** | |

Note: On completion of pages 1 and 2 please discuss with the Treatment Centre Health Professionals, Dr Stephen Laughton or Dr Amanda Lyver for approval. Please complete entire application and forward to Child Cancer Foundation prior to travel and/or attendance. Retrospective applications will not be considered.

**8. Endorsement. To be signed by 2 authorised Health Professionals signatories**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Name** | **Signature** | **Date** |
| **AMOUNT Approved $** | | |

**To be completed by the lead Health Professional. Tick (or highlight) Budget Category and Location:**

|  |  |
| --- | --- |
| **Budget** | **Health Professionals** |
|  | **HP - Medical** |
|  | HP - Medical - COG |
|  | HP - Medical - other conferences |
|  | HP - Medical - Assoc/membership Fees |
|  | HP - Medical - Other |
|  | **HP - Nursing** |
|  | HP - Nurse - COG |
|  | HP - Nurse -  other conferences |
|  | HP - Nurse - Outreach Study Days |
|  | HP - Nurse - Other |
|  | HP – Adolescent Nurse |
|  | HP - General Expenses |
|  | HP - Palliative Care |
|  | HP - Allied Health |
|  | HP - Research Grants |
|  | HP - Research /Late Effects |
|  | HP - CRA - Admin |
|  | HP - Subs/Lic/Books |
|  | HP - Consultancy/Salaries |
|  | HP - Administration Support |
| **Location** | Auckland |
|  | Other North Island |
|  | Christchurch |
|  | Other South Island |

Please send this completed application form to:

Business Services Manager

Child Cancer Foundation

P O Box 152

AUCKLAND 1140

Or email to: Sarah Wooller – swooller@childcancer.org.nz

**9. Child Cancer Foundation CEO Approval *For CCF Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount $** | **Name** | **Signature** | **Date** |

CHILD CANCER FOUNDATION

CONFERENCE/SEMINAR EXPENSES ITEMISATION

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference/Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Particulars | Foreign currency | Exchange Rate | Total NZ$ (GST inc) | GST  (if applic.) | Net NZ$ (GST exc) | Receipt  Attached |
| Conference Registration Fees |  |  |  |  |  |  |
| Overseas Accommodation |  |  |  |  |  |  |
| NZ airfares |  |  |  |  |  |  |
| International airfares |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |

PAYMENT INSTRUCTIONS.

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| --- |
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|  |

BANK ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist for all applications.**

All pages of application are completed

Application is signed by 2 approved Health Professionals from either Auckland or Christchurch treatment centres

All expenses itemized and all receipts and/or invoices attached including currency conversion if necessary

Payment Instructions completed

Please forward application to:

Business Services Manager, Child Cancer Foundation, PO Box 152, Shortland St, Auckland 1140

or email to swooller@childcancer.org.nz