



## CONFERENCE GRANTS

***CLOSING DATE: 3 April 2009***

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### SECTION A – ADMINISTRATIVE SUMMARY

#### A.1 Conference Title

#### A.2 Administering Institution

#### A.3 Actual Institutions

*In some cases the Institution that will administer your application may differ from the Institution(s) in which you actually work. Please list all institutions.*

#### A.4 Applicant Details

<b>Title</b>		<b>First Name</b>			
<b>Last Name</b>					
<b>Email Address</b>					
<b>Mobile</b>					
<b>Telephone</b>					
<b>Address 1</b>					
<b>Address 2</b>					
<b>Address 3</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Institution</b>					
<b>Citizenship*</b>					

*\* You may need to provide proof of residency to the Cancer Institute NSW if successful*

#### A.5 Administering Institution Contact

<b>Last Name</b>				
<b>First Name</b>		<b>AIC #</b>		

#### A.6 Summary

*In lay terms summarise the significance of requested professional development option and expected outcomes suitable for Cancer Institute NSW website and media release **No more than 800 characters.***

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**A.7 Broad Area of Conference**

Choose relevant Broad Areas of the proposed conference and allocate percentages to each area – max 4 (must add up to 100%)

Area	%	Area	%	Area	%	Area	%

**A.8 Clinical Groupings**

Choose relevant [Clinical Groupings](#) and allocate percentages to each group selected– max 4 (must add up to 100%) if multiple types, please select A00-100% (All types)

Grouping	%	Grouping	%	Grouping	%	Grouping	%

**A.9 Clinical Field(s) of Work**

Choose relevant Clinical Field(s) of Work that this proposal relates to and allocate percentages to each group selected– max 4 (must add up to 100%)

Fields	%	Fields	%	Fields	%	Fields	%

**A.10 Clinical Appointment**

Please select only one. If there is more than one Type of Appointment please choose the one that relates to the most hours per week.

**A.11 Location of Work**

Please select only one. If there is more than one Location of Work please choose the one that relates to the most hours per week.

**A.12 Priority Areas**

Please indicate the extent to which the application focuses on any of the following areas (You may choose more than one area of focus) Notes: **Main Focus** = more than 50% of time and/or funds will go towards this area  
**Some Focus** = more than 10% but less than 50% of time/funds towards this area  
**No Focus** = not a focus for this Proposal

Improving access to services for rural or remote persons	
Developing New or Improved Models of Care	
Indigenous Populations	
Culturally and Linguistically Diverse Populations	

**A.13 Date(s) of Conference**

First Day

Final Day

**A.14** What date did you submit the abstract for this conference?

**A.15** Have you been employed in a clinical setting for the 3 years prior to the date of the proposed conference?

**Yes**

**No**

If No, this application is not eligible

## SECTION B – BUDGET & JUSTIFICATION

### B.1 Budget Requested for Conference Support

Maximum \$2,000 for a national conference and \$5,000 for an international conference. Where the total conference costs exceeds the Cancer Institute NSW funds available sources of the additional funds must be identified for the shortfall in the table below.

Budget Item	Detail	\$AUD
Conference Registration		
Travel		
Reasonable Accommodation Expenses (Include cost per night x no. of nights in detail)		
<b>TOTAL</b>		

<b>TOTAL FUNDING REQUESTED</b>	
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### B.2 Additional Resources

- i) Does the total cost of this conference exceed the maximum allowed for this grant?
- ii) If yes, please detail the additional funding sources *No more than 800 characters*

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## SECTION C - APPLICANT INFORMATION

### C.1 Applicant

<b>Title</b>		<b>First Name</b>	
<b>Last Name</b>			
<b>Employment Status</b>		<b>FTE</b>	

### C.2 Current Manager/Supervisor

<b>Title</b>		<b>First Name</b>			
<b>Last Name</b>					
<b>Email Address</b>					
<b>Mobile</b>					
<b>Telephone</b>					
<b>Address 1</b>					
<b>Address 2</b>					
<b>Address 3</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	

### C.3 Qualifications

List all qualifications specifying the level of honours awarded if any.

<b>Year</b>	<b>Qualification</b>	<b>Grade</b>	<b>Institution</b>

**C.4 Relevant Professional and Industrial Experience**

List current and previous appointment(s) (maximum 4).

Year	Position Held	Organisation	Department

**C.5 List top 5 Publications (if applicable)**

List publications, including those in press (include acceptance date), such as refereed journal articles, other articles, reviews, abstracts, and posters. Where publications are jointly authored, indicate the scope of your contribution to the publication.

1	
2	
3	
4	
5	

**C.6 Career Development Pathway**

*Outline your Career Development Objectives for the next three years to build your future role as a clinician leader in cancer service provision. **No more than 1500 characters***

**C.7 Details of Attendance and Presentations at any Conferences in the last 5 years.**

*No more than 1500 characters*

## SECTION D – PROFESSIONAL DEVELOPMENT CONFERENCE PROPOSAL

### D.1 Aims of Proposed Professional Development

<b>Conference Name</b>	
<b>Conference Location</b> Venue, City, Country	
<b>Abstract Title</b>	
<b>Abstract Type</b>	Oral      Poster      Workshop      Other ( specify)
<b>Abstract Status</b>	Accepted      Waiting for response

**D.2 Conference Reputation, Significance and Innovation.** *(Include here details of any evidence of the conference's reputation for leadership in the subject matter (Eg no of attendees per year, areas of oncology interdisciplinary content, practical components, new technologies/strategies for patient care etc) **No more than 1500 characters***

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**D.3 Specific Conference Relevance.** *Highlight sessions that you propose to attend that have particular relevance to your clinical role. No more than 1500 characters*

**D.4 Benefits of Attendance at this Conference** *(eg. gain additional skills in..... , present new information on .., compare / benchmark Australian data to an international context, acquire latest evidence based strategies for management of ..... etc). No more than 1500 characters*

**D.5 Communication of Results/Translation to Workplace Practice**

*Detail your plans for applying skills gained and dispersing the resources you gain through participating in the conference program. Describe the capacity building mechanisms you will put into place to encourage your colleagues and other department members to adopt the evidence based approaches you propose to adopt.*

**No more than 3000 characters**

## SECTION E – APPLICATION CHECKLIST

The following checklist must be completed prior to submission. Incomplete applications will not be accepted.

APPLICATION REFERENCE	ITEM	YES
	APPLICATION SAVED AND TITLED <i>TRG_APPLICANTS SURNAME</i> eg: <i>TRG_SMITH</i>	
- F	CERTIFICATION PAGES COMPLETED, SIGNED AND DATED (these pages only need to be submitted attached to the original version of the application - not the 9 copies)	
	<p>10 copies of the full application sent to the Grants Secretariat (<b>1 original plus 9 copies</b>), double sided (please refer to “Guidelines for Applicants” for hard copy submission instructions) to be received by <b>5pm 3<sup>rd</sup> April 2009</b>.</p> <p>Each to contain:</p> <ul style="list-style-type: none"> <li>• Completed Application Form</li> <li>• A copy of submitted abstract</li> <li>• Evidence of acceptance (if applicable)</li> <li>• A full conference program (if available)</li> </ul>	

This PDF version of the application must be submitted electronically to the Cancer Institute NSW by 3rd April 2009. Use the submit button on the top right hand side of page 1.

## SECTION F – CERTIFICATIONS

### Privacy Notice

Applicants consent to the information supplied as part of their application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Grants Review Committee, independent readers/assessors requested to provide advice, and relevant representatives and employees of the Cancer Institute NSW grant programs process. The Cancer Institute NSW may publicise and report on the awarding to, and the use of, the funds including media releases, general announcements and annual reports.

Documents containing personal information are handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998 which sets standards for the collection, storage, use and disclosure of, and access to, personal information.

### F.1 Certification by the Applicant

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.
2. I consent to this application being peer-reviewed by persons who will remain anonymous.
3. I agree to provide a written report of a high standard to the Cancer Institute NSW within 28 days of return from the conference
3. I have read and agreed to the Privacy Notice above.

Name of Applicant	Signature	Date

### F.2 Certification by the Administering Institution

I certify that:

1. I am authorised to sign the application form on behalf of this Administering Institution.
2. All funds awarded for the Fellowship will only be spent in accordance with the executed agreement and as stated in this original application.

Name	
Position Title	
Signature	
Date	

### F.3 Certification by Current Manager/Supervisor of Applicant

I certify that:

1. My department/unit is prepared to support the applicant to attend the conference as detailed under the circumstances as set out in this application.
3. The conference detailed in this application has strong potential to add clinical skills, knowledge and understand that will benefit the care of cancer patients in the applicants workplace.
4. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.

<b>Name</b>	
<b>Position Title</b>	
<b>Signature</b>	
<b>Date</b>	

### F.4 Certification by the Director of Area Cancer Services (DACs)

I certify that:

1. I am authorised to sign the application form on behalf of this cancer service.
2. My institution/organisation is prepared to support the applicant to attend the conference as detailed under the circumstances as set out in this application.
3. Should this application be approved, the recipient will be granted conference or other leave to attend the conference in accordance with NSW Health travel policies.
4. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.

<b>Name</b>	
<b>Position Title</b>	
<b>Signature</b>	
<b>Date</b>	