# **Mike Cowdroy & Intensive Care Foundation Education Grant**

**2017 APPLICATION FORM**

**Applications CLOSE: 6pm Monday, 26 June 2017**

This education grant of up to $2,000 is available **only to rural and regional intensive care registered nurses** to assist with attendance at the ANZICS/ACCCN Annual Scientific Meeting or other critical care conference or course.

Before beginning to complete this Application, please refer to the document **‘Grant Guidelines’** which can be downloaded from the Foundation website intensivecarefoundation.org.au/cowdroy-grants/

**Note:** *Late, incomplete or incorrectly completed applications will not be accepted.*

|  |  |
| --- | --- |
| **Name** |  |
| **Address**  **RURAL areas in Australia** are defined as per the Rural, Remote and Metropolitan Classifications (RRMA): Zones 3 -7 - basically any rural or remote centre with a population of less than 100,000.  **RURAL areas in New Zealand** for the purpose of this application are defined as outside of the five main metro areas; Auckland, Wellington, Christchurch, Hamilton and Dunedin. |  |
| **Name of Hospital and Unit (if applicable)**  **Address details** |  |
| **Contact Details** | (tel/mob. )  (wk)  (email) |

|  |
| --- |
| **Please state the ANZICS/ACCCN Annual Scientific Meeting or other critical care conference or course to which this funding will be applied:** |
| **Place and Date:** |

|  |  |
| --- | --- |
| **DETAILS OF COSTS** | **$** |
| Travel |  |
| Registration or Enrolment |  |
| Accommodation |  |
| Other |  |
| TOTAL COSTS |  |
| **FINANCIAL ASSISTANCE REQUESTED** |  |

*Please attach supporting documentation as per the guidelines*

|  |  |  |
| --- | --- | --- |
| Please place an ‘X’ in the appropriate box | **YES** | **NO** |
| **Are you seeking funding from other sources?** |  |  |
| **Would you accept partial funding?** |  |  |

|  |  |  |
| --- | --- | --- |
| Please place an ‘X’ in the appropriate box | **YES** | **NO** |
| **Is the applicant a ACCCN or CCNS member?** |  |  |
| **If yes, please state years of membership** |  | |
| **If yes, please state membership number** |  | |
| **Provide a statement describing your**  (a) reasons for wishing to attend the ANZICS/ACCCN Annual Scientific Meeting or other critical care conference or course (*maximum 200 words, please*)  (b) relevance to critical care nursing *(maximum 200 words, please)* | | |

# **CERTIFICATE OF HEAD OF DEPARTMENT OR DIVISION**

I certify that the applicant is eligible to apply.

|  |  |
| --- | --- |
| Name (BLOCK LETTERS): Prof/A/Prof/Dr/Nurse Unit Manager  Department:  Signature: | Date: / / |

**Completed applications should be scanned and emailed to** [info@intensivecarefoundation.org.au](mailto:info@intensivecarefoundation.org.au) **with ‘Mike Cowdroy Grant’ in the subject line by 6pm Monday, 26 June 2017.**

**Applicants will be notified of the outcome by the end of July, 2017.**