

Cancer Support Scholarship 2018

For Professional Development



APPLICATION FORM

1. PERSONAL INFORMATION

Title:	First Name:	Surname:
Position:		
Institution:		
Address:		
Postcode:	Phone:	Mobile:
Fax:	Email:	

2. DESCRIBE THE COURSE / CONFERENCE / SEMINAR / VISIT TO INSTITUTION *(please circle)* *(Please attach supporting documents such as conference program or course outline)*

Title:
Date/s:
Location:
Description:

3. IS THE COURSE/CONFERENCE/SEMINAR APPROVED BY A RELEVANT PEER ORGANISATION?

Please mark with an X

Yes	
No	

Name Of Organisation:

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4. WHAT IS THE BENEFIT TO CANCER SUPPORT RELATING TO TASMANIAN'S IMPACTED BY CANCER, FROM YOUR PROPOSED ACTIVITY?

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5. HOW DO YOU INTEND TO SHARE KNOWLEDGE/SKILLS GAINED FROM YOUR ACTIVITY?

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6. LIST OF COSTINGS FOR ACTIVITY

(Please attach copies of documentation showing costing's)

Expenses	
Registration	\$
Course Fees	\$
Fares	\$
Accommodation	\$
Transfers	\$

Other costs (please list)	\$
	\$
TOTAL	\$

7. FUNDING SOURCES FOR PROPOSED ACTIVITY

Employer contribution	\$
Your contribution	\$
Other sources of funding (please list)	\$
TOTAL FUNDING	\$

8. AMOUNT REQUESTED FROM CANCER SUPPORT SCHOLARSHIP

\$

9. PLEASE ENSURE YOU HAVE ATTACHED SUPPORTING DOCUMENTS:

- Details of conference program, course outline, seminar or visit to institution, invitation/acceptance of presenting a research paper. If this evidence is not available at the application stage, funds will be granted but not released until this evidence is provided.
- Documentation to support costing's.

Applicant Certification:

Applicant Name:			
Signature :		Date	

Manager/Director Certification:

By signing below, I confirm the appropriateness of the targeted conference/course for the above applicant.

Manager/Director/ Name:			
Signature:		Date	