

2018

**NZNO CANCER NURSES COLLEGE EDUCATION GRANT APPLICATION**

**\*\*Please refer to the Grant Application Criteria Document before completing this application\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **First Name** |  | | |
| **Organisation** |  | | |
| **Position/role** |  | | |
| **Postal Address** | **WORK** | | **HOME** |
| **Email Address** |  | | |
| **Work Phone** |  | | |
| **Home Phone/Mobile no.** |  | | |
| **NZNO number:** | **\*note: you must be an NZNO member to qualify for a grant\*\*** | | |
| **CNC MEMBER** | **YES**  **NO** | | |
| **EDUCATION/CONFERENCE DETAILS** | | | |
| **Conference / Course / Education opportunity** |  | | |
| **Date** |  | | |
| **Location** |  | | |
| **Paper Presentation Yes/No** | | **Poster Presentation**  **Yes/No** **Yes/No** | |
| **Presentation Title:** | | | |
| **COST DETAILS** | | | |
| Amount (max $750.00) | $ | | |
| Registration/Course fees | $ | | |
| Accommodation | $ | | |
| Travel | $ | | |
| Other (please specify) | $ | | |
| **TOTAL COSTS** | **$** | | |
| **Briefly outline what you hope to learn/achieve from your participation/attendance:** | | | |
| **Have you received an education grant from CNC in the past 2 years? Yes/No** | | | |

|  |  |  |
| --- | --- | --- |
| BANK ACCOUNT DETAILS | | |
| Account Name |  | |
| Account Number: |  | |
| *Please attach a verified bank slip or the* top *of a bank statement with your account details visible* | | |
| Signed | | Date |

Notes for Applicants

Please refer to “Guidelines for Education Grant Applications”, complete the application

form then scan application, any supporting documentation and email to:

Cancer Nurses College Education Grants c/- [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com)

Unless otherwise specified, any correspondence will be sent to your home address.