

 2018

**NZNO CANCER NURSES COLLEGE EDUCATION GRANT APPLICATION**

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

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| --- | --- |
| **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** |

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| --- |
| 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

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