

**NZNO CANCER NURSES COLLEGE EDUCATION GRANT APPLICATION**

Notes for Applicants

1. For assistance with filling out the Application Form please refer to the [*Guidelines for Education Grant Application*](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Cancer%20Nurses/Newsletters/2020-08-26%20CNC%20Education%20Grant%20Application%20Guidelines%202020.docx) document at: <https://www.nzno.org.nz/support/scholarships_and_grants#1456> under Cancer Nurses College.

2. On completion, scan and email your application plus any supporting documents to: cancernursesnz@gmail.com

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| **MEMBER DETAILS** |
| **Surname** |  |
| **First Name** |  |
| **Organisation** |  |
| **Position/role** |  |
| **Postal Address** |  |
| **Email Address** |  |
| **Work Phone** |  |
| **Home Phone/Mobile no.** |  |
| **NZNO no.** |  **Cancer Nurses College (CNC) member** Yes/No  |
| **EDUCATION/CONFERENCE DETAILS** |
| **Name of Conference/ Course/ Education opportunity** |  |
| **Date** |  |
| **Location** |  |
| **Paper Presentation** Yes/No | **Poster Presentation** Yes/No  |
| **Presentation Title** |
| **INDICATE PREFERRED EDUCATION FUND** |
| **(for CNC members only)****NZNO CNC Education Fund** Yes/No |  **(for non-CNC members)****Roche Education Fund** Yes/No |
| **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:**  |
| Achieving health equity is a national priority. Briefly outline what knowledge you hope to gain from this event that will improve the access and health outcomes of New Zealand’s priority populations i.e: Māori, Pacific people, people with mental health conditions, those in rural and deprived areas, and disabled people: |
| **Have you received an education grant from CNC in the past two years?** Yes/No**Have you applied for funding from any other source? If yes, please give details.** Yes/No |

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| BANK ACCOUNT DETAILS |
| Account Name |  |
| Bank Account Number  |  |
| *Please attach a verified bank slip or a screenshot of your bank account details.* |
| Signed | Date |

|  |  |
| --- | --- |
| EDUCATION APPLICATION CHECKLIST | YES/NO |
| 1. I have completed each question/criteria in detail.
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| 1. Alongside this Grant, I seek funding from other sources.If yes, please state the other sources: …………………………………….
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| 1. I understand it is a requirement to submit a 500-word report on:
* the event experience, and
* knowledge gained and any recommendations for improvementsto practice from the conference, course or education opportunity.
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| 1. If successful, I agree to email the report and images to cancernursesnz@gmail.com by ………………………………. (Specify a date), which is within six weeks of completing the conference, course or education opportunity.

I understand this report will be considered for publication in the Cancer Nurses College online newsletter, CancerNet. |  |
| Signed Date |  |

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