



**APPLICATION FORM for COLLEGE of GERONTOLOGY NURSING (NZNO) GRANTS.**

Name of Applicant and NCNZ registration number	
Contact Address (you must be living in New Zealand)	
Phone Number	Mobile: Work:
Email Address	
NZNO Membership Number (You must be a current financial member)	
How much money are you requesting:	Course/Conference Fees: Travel: Accommodation: TOTAL:
What is your:	Current Job Title/Position: Area of Practice: Employer: Hours of Work :                    fulltime / part-time / casual
Please give brief details of the Course/Conference for which you are seeking funding. (attach a copy of the programme)	Title/Theme of Conference/ Study Day/ Course:  Location: Dates: Early-Bird Closure Date.
Who is this course/conference aimed at (ie: managers, practicing staff, etc)?	
Please outline all assistance (if any) you are receiving from your employer – including all paid leave, course fees etc.	
Have you received or applied for other grants or scholarships for this conference/course, or are other organisations making a contribution? Please give details.	
How did you hear about this grant?	

**Incomplete applications will not be considered.**

Please note that the information collected in this application form may be used for audit purposes.

The Recipient is liable to reimburse the College for any non-attendance.

And will:

- Provide feedback as outlined on the Information form;
- Agree to have the summary published in SNIPs and/or be put forward for publication in Kai Tiaki
- Agree to this form being held by the College of Gerontology Nursing Secretary and archived in the NZNO national records.

I agree to the conditions outlined and declare the contents of this application form to be a true and correct record.

**Signature**.....

**Date**.....

**Please send form to:**

Sharyne Gordon,  
New Zealand Nurses Organisation,  
PO Box 2128,  
WELLINGTON 6140.

You will be notified in writing of the outcome of this application.

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Office Use:

Awarded: YES/NO	Date:	To be informed by:  To be paid by:
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