

# **Educational Seminar**

## **'Blood, Bugs & BiTEs'**

### **Travel Grant**

**Closing Date: COB Monday 22<sup>nd</sup> July**

#### **WHO CAN APPLY?**

This grant is open to all nurses registering to attend the seminar above and living >100km from Sydney. Priority will be given to existing HSANZ Nurses Group members.

#### **WHAT DOES THE TRAVEL GRANT INCLUDE?**

- \$400 grant to be used towards flights and accommodation
- \$100 grant to be used towards travel costs (e.g. petrol)

#### **WHO IS PROVIDING THIS SPONSORSHIP?**

Sponsorship will be awarded by the HSANZ Nurses Group NSW

#### **HOW MANY AWARDS ARE AVAILABLE?**

- 2 X \$400 travel grants
- 2 X \$100 travel grants

#### **GUIDELINES / CRITERIA FOR APPLICANTS**

- Applicants must complete a brief application describing why they should be considered for the travel grant.
- Applicants must be nurses working in the area of haematology
  - Priority is given to existing HSANZ Nurses Group members
- Applicants do not have other sources of funding to attend the meeting
- Grants will be awarded after attending the seminar by direct deposit from HSANZ
- \$400 grants will only be awarded to those requiring flights to attend.

For more information or to submit your application, please contact Tracy King

- Tracy King: [tracy.king1@health.gov.au](mailto:tracy.king1@health.gov.au)
- Fax: 02 9515 6331



## 'BLOOD, BUGS & BITES'

**3<sup>rd</sup> Aug 2019, Royal Prince Alfred Hospital, Sydney  
Application Form**

### 1. Applicant Information

Name: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Email: \_\_\_\_\_  
Ward / Unit: \_\_\_\_\_  
Hospital / Organisation: \_\_\_\_\_

### 2. I am a HSANZ Associate Nurse member

Yes  No

### 3. Please explain why you should be considered for the travel grant. Include how you would benefit from attending, relevance to your clinical area and professional development. (100 words max, continue on separate page as required)

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### 4. Please state how you will share your experience and knowledge gained. (100 words max)

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**Applicants Signature:**

**Date:**

**Please submit your application to Tracy King**

**Email [tracy.king1@health.nsw.gov.au](mailto:tracy.king1@health.nsw.gov.au) or Fax number: 02 9515 6331**

**CLOSING DATES: COB MONDAY 22<sup>ND</sup> JULY**