



## **The 2008 Immunisation Nurses Special Interest Group Annual Education Grant**

### **Background**

The intention of the Immunisation Nurses Special Interest Group (INSIG) Education Grant is to provide encouragement and support to INSIG members who are undertaking higher education studies, attending conferences / seminars or short courses that will be relevant to immunisation nursing.

A call for applications / proposals will be made at the INSIG AGM held each year in August. The grant will be presented at any of INSIG's Meetings held during the year.

The INSIG Education Grant is for \$1000

The Selection Panel will be made up of independent INSIG members .

### **Criteria**

Application must be from an ANF (Vic Branch) member who is a member of INSIG. The study / seminar / conference must;

- Demonstrate relevance to clinical immunisation nursing practice

The applicant must be an INSIG member for a period of 12 months and not received an INSIG grant in the previous 2 years to the current application.

INSIG Executive committee members are not eligible to apply.



## Education Grant – 2008

# APPLICATION FORM

Applications will be open annually from our AGM meeting in August until the end of March.

**Applications shall be marked confidential and addressed to;**

President – INSIG  
C/- ANF (VIC Branch)  
PO Box 12660 A'Beckett St PO  
Melbourne Vic 8006

**For more information contact;**

President-Miranda Pellissier  
[insig@live.com](mailto:insig@live.com)  
0433 763 338

**Details of Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ ANF Membership No: \_\_\_\_\_

**Details of Current Employment**

Current position: \_\_\_\_\_

Current area of practice: \_\_\_\_\_

Name of current employer: \_\_\_\_\_

**Details of higher education / study**

Course / seminar title: \_\_\_\_\_

Proposed finish date: \_\_\_\_\_

Confirmation of enrolment / attendance attached:  yes

Cost of study / seminar: \_\_\_\_\_

**Description of how this higher education / study / seminar will be beneficial to the clinical setting (100 words only)**

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**Details of other financial assistance sought**

Have you applied for funding from another source for this course / seminar?

yes  no

Name of source: \_\_\_\_\_

Amount sought: \_\_\_\_\_

Have you been successful?  yes  no  Not yet notified

### **Notification of Grant**

Where the Selection Panel approves an application for the grant, INSIG will advise the applicant in writing of that approval. The Selection Panel's decision in awarding grants is final and no correspondence will be entered into.

### **Grant conditions**

The recipient is expected, in good faith,

- To complete the study / seminar within the agreed time frame
- To provide a verbal presentation to the INSIG at an agreed members meeting

### **Termination of Grant**

The INSIG Grant committee may terminate a grant, if in the opinion of the committee that;

- The course of study / seminar is not completed / attended
- Reporting on the study / seminar is not fulfilled

### **Potential Conflict of interest for the Selection Panel**

INSIG recognizes that impartiality and due process is fundamental in the review for all applications for grants. Potential conflicts of interest include, but are not limited to the following;

- Working with the applicant in the same clinical setting
- Standing to benefit in a material way from the grant

It is expected that the Selection panel will declare their conflict of interest with respect to any application made for a grant before the review is undertaken. After the perceived conflict is considered, the Panel member may be asked to leave the review meeting.

To the best of my knowledge the information I have provided is true and correct and I agree to accept the INSIG Grant committee's decision.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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