

MEMBERS EQUITY/ANF EDUCATION FUND

ANF (VIC. BRANCH) FINANCIAL ASSISTANCE FOR CONFERENCES - 2010/2011

- Full or part time financial members for one year are eligible to apply.
- Recipients are to provide a copy of conference proceedings for ANF (Vic. Branch) Library for benefit of members.
- Recipients are to write a short report for possible publication in ANJ or 'On the Record'.
- Preference will be given to application for monies to attend a conference related to the member's area of clinical practice.
- No monies are to be granted to a member who has received assistance within the previous two years of the current application.
- ANF (Vic. Branch) reserves the right to award monies outside of the application guidelines based on special circumstances that may arise from time to time.
- Each application form sent to a member will have the guidelines attached.
- ANF (Vic. Branch) will keep a record of recipients.

Australian Nursing Federation (Victorian Branch)

PROFORMA FOR ANF MEMBERS TO APPLY FOR

FINANCIAL ASSISTANCE TO ATTEND CONFERENCES/SEMINARS

To support the professional development of ANF members, the ANF (Vic Branch) Council has made available grants from the **MEMBERS EQUITY /ANF EDUCATION FUND** to assist with expenses for ANF members to attend conferences. These conferences may be within Victoria, interstate or international. All applications are to be addressed to the Secretary. All applicants will be notified in writing regarding the Secretary's decision, however there is no avenue of appeal for unsuccessful applications.

NAME OF APPLICANT: _____

ADDRESS: _____

_____ TELEPHONE NO: (H) _____

WORKPLACE: _____ TELEPHONE NO: (W) _____

ADDRESS WHERE CHEQUE MAY BE SENT: _____

HOW LONG HAVE YOU BEEN AN ANF MEMBER: _____

MEMBERSHIP NO: _____

HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING, AND IF SO WHAT YEAR:

- ANF COUNCILLOR _____
- JOB REPRESENTATIVE _____
- ANNUAL DELEGATE _____
- S.I.G. MEMBER _____
- S.I.G. COMMITTEE MEMBER _____
- OH&S REPRESENTATIVE _____
- OTHER ANF REPRESENTATION/INVOLVEMENT:

PTO→

CLASSIFICATION: _____

CLINICAL AREA WHERE YOU WORK: _____

NAME OF CONFERENCE YOU WISH TO ATTEND: _____

DATE/DURATION OF CONFERENCE: _____

COST: Registration Fees: _____

 Transport/Fares: _____

 Accommodation: _____

HAS YOUR WORKPLACE GRANTED YOU PAID STUDY LEAVE TO ATTEND THE CONFERENCE?

Please attach a copy of the Conference Brochure and/or any other details.

IN 100 WORDS OR LESS, PLEASE STATE YOUR REASONS FOR WISHING TO ATTEND THIS CONFERENCE:

Please address your application to: The Secretary
Australian Nursing Federation (Vic Branch)
Box 12600 A'Beckett Street PO
MELBOURNE VIC 8006

**To: The Secretary
ANF (Vic. Branch)
Box 12600 A'Beckett Street PO
MELBOURNE VIC. 8006**

**I in the event that I receive funding from
ANF (Vic. Branch) to attend the forthcoming Conference in
.....(place)
from.....to.....(duration) on the subject of.....
.....hereby agree to provide, within
a month of the closure of the Conference, a written report to Branch Council,
for possible publication in 'On the Record' or the Australian Nursing Journal,
on the Conference, also a copy of Conference Proceedings where available.**

..... (Signature)

..... (Name)

..... (Date)

FOR OFFICE USE ONLY

Name of applicant:

Membership checked:

Financial status:

Date joined ANF:

Claim granted/refused:

Post-conference Report: