



**DAY SURGERY SPECIAL INTEREST GROUP**  
**( A.N.F.Victoria)**

P.O.Box 7582,  
St.Kilda Road,  
Melbourne 3004

**EDUCATIONAL GRANTS for DAY SURGERY NURSES**

Current members of the Day Surgery Special Interest Group are eligible to apply for educational grants to assist in supporting education for day surgery nurses.

Please complete the attached application form and return to the Secretary by posting to:

The Secretary - DSSIG  
PO Box 7582  
St Kilda Rd Post Office  
MELBOURNE 3004

Funds are available for:

**i) Conferences**

Funds are available to assist with some or all of the costs associated with attending relevant conferences

**ii) Research Grants**

Submit your research proposal and application to the DSSIG committee.

**iii) Workshop/Seminars**

Funds are available to assist members attend relevant workshops and seminars.

**ALLOWANCES:**

Consideration will be given to all applications and funds approved based on application information and potential benefit to day surgery as assessed by the committee.

**ELIGIBILITY:**

The applicant must have at least two (2) years minimum continuous membership of the DSSIG (Vic). Applications can be submitted at any time.

**APPLICATIONS:**

Contact the secretary of the DSSIG for an application form.

**DAY SURGERY SPECIAL INTEREST GROUP (Victoria)**

**APPLICATION FORM FOR EDUCATIONAL GRANT**

**Name:**.....  
Surname Given Name

**Address:**.....

**Phone No:(w).....(ah).....**

**Current workplace/position.....**

**How long have you been a member of DSSIG?:.....**

**Name of Conference/Seminar/Workshop**  
(Please attach any relevant programme information/brochure)  
.....  
.....

**In 100 words or less, please state your reasons for wishing to attend this conference/seminar?**  
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.....  
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**The applicant is required to write a short report for possible publication in the Day Surgery Newsletter, within 8 weeks of attending the conference/seminar. Please submit your report to the Newsletter Editor.**

**Has your workplace granted you paid study leave to attend this conference/seminar?.....**

**Have you applied for any financial assistance from DSSIG, in the past?**  
**YES NO**

<b>ESTIMATED COSTS:</b>	
Travel	\$.....
Accommodation	\$.....
Registration Fees	\$.....
Meals	\$.....
Other	\$.....
<b>Total</b>	<b>\$.....</b>

**Signature:**..... **Date:**...../...../.....

<b>Office use only: Grant approved</b>	<b>Y</b>	<b>N</b>	<b>Amount \$.....</b>
<b>Membership check.....</b>	<b>Signed.....</b>		

