



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

- Mail: PO Box 7582, St Kilda, Melbourne Vic 3004
- Fax: 03 8678 3975 or
- Email: dssig@adsna.info

Funds are available for

1. Conferences

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

2. Research grants

Submit your research proposal and application to the DSSIG committee

3. 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 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).

The applicant is required to write a short report for possible publication in the Day Surgery Newsletter or ADSNA journal, within 8 weeks of attending the Conference/Seminar/Workshop. Please forward to the DSSIG secretary.

Applications can be submitted at any time.



APPLICATION FORM FOR EDUCATIONAL GRANT

PLEASE PRINT CLEARLY

NAME :		MEMBERSHIP NUMBER:	
POSTAL ADDRESS:			
PLACE OF EMPLOYMENT:			
Phone: (AH)	(BH)	(Mobile)	
Email Address:			
Name of Conference/Seminar/Workshop <i>(Please attach any relevant programme information/brochure)</i>			
In 100 words or less, please state your reasons for wishing to attend this Conference/Seminar/Workshop			
Has your workplace granted you paid study leave to attend this Conference/Seminar/Workshop? Yes/No <i>If Yes, please give details</i>			
Have you applied for any financial assistance from DSSIG in the past? Yes/No <i>If Yes, please give details</i>			
<u>Estimated Costs</u>			
Travel	\$ _____	Accommodation	\$ _____
Registration Fees	\$ _____	Meals	\$ _____
Other	\$ _____	Total	\$ _____

Signature: _____ Date _____