



APPLICATION FORM for COLLEGE of GERONTOLOGY NURSING (NZNO) GRANTS.

Name of Applicant and NCNZ registration number	
Contact Address (you must be living in New Zealand)	
Phone Number	Mobile: Work:
Email Address	
NZNO Membership Number (You must be a current financial member)	
How much money are you requesting:	Course/Conference Fees: Travel: Accommodation: TOTAL:
What is your:	Current Job Title/Position: Area of Practice: Employer: Hours of Work : fulltime / part-time / casual
Please give brief details of the Course/Conference for which you are seeking funding. (attach a copy of the programme)	Title/Theme of Conference/ Study Day/ Course: Location: Dates: Early-Bird Closure Date.
Who is this course/conference aimed at (ie: managers, practicing staff, etc)?	
Please outline all assistance (if any) you are receiving from your employer – including all paid leave, course fees etc.	
Have you received or applied for other grants or scholarships for this conference/course, or are other organisations making a contribution? Please give details.	
How did you hear about this grant?	

Incomplete applications will not be considered.

Please note that the information collected in this application form may be used for audit purposes.

The Recipient is liable to reimburse the College for any non-attendance.

And will:

- Provide feedback as outlined on the Information form;
- Agree to have the summary published in SNIPs and/or be put forward for publication in Kai Tiaki
- Agree to this form being held by the College of Gerontology Nursing Secretary and archived in the NZNO national records.

I agree to the conditions outlined and declare the contents of this application form to be a true and correct record.

Signature.....

Date.....

Please send form to:

College of Gerontology Nursing,
New Zealand Nurses Organisation,
PO Box 2128,
WELLINGTON 6140.

You will be notified in writing of the outcome of this application.

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Office Use:

Awarded: YES/NO	Date:	To be informed by: To be paid by:
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