

## THOMAS TIPPET EDUCATION AWARDS CANTERBURY

## **APPLICATION FORM**

Type of Application:	COMMUNITY HEALTH	DATE RECEIVED
(Please circle)	COURSE/CONFERENCE IN NZ	
	COURSE/CONFERENCE OVERSEAS	
	POST GRADUATE	
Course Details:		
Course Name:		
Venue:		
Dates:		
Personal Details:		
NZNO Member No:		
Name of Applicant:		
Contact Address:		
Email:		
Phone Numbers:	Home: Wor	k:
Workplace:		
Area of Practice:	Position	
Bank & Account Number:		

(we are unable to make any payments if you do not include your bank account details)

Please Note: All relevant course/conference info MUST be attached to this Application. This MUST include proof of prior payment of registration, course/conference details and any travel/accommodation costs claimed'



<u>Please list the full costs, and include any other sources of funding below:</u> (Funding from other sources does *NOT* mean you are ineligible for an award)

Registration Costs:		
Travel Costs:		
Accommodation costs:		
Other costs: (provide details	)	
Total costs:		
Funding received from:		
How will attending this Conf	erence/ Course/ Seminar, assist you and your colleagues?	
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		-
		-
Please outline your involven	nent with NZNO regionally and/or nationally.	
		-
		-
Declaration: Laaree to acknowledge red	ceipt of any awards granted, and will submit a reflection,	/report to the
committee within three (3) n	nonths of attending the course/conference/seminar or on con e the grant for the purpose for which it has been awarded, o	npletion of the
the awarded sum to the com		
Signed:	Date:	
Post Application to:	th: Fiona Palframan, Secretary Thomas Tippet Education Awards Committee nomas Tippet Education Awards Committee D Box: 4102, Christchurch 8140 n. 03 9614701 or <u>fiona.palframan@nzno.org.nz</u>	
Cut off for Applications:	pplications are processed twice yearly after closing dates of 31 March and September, by the TTEAC committee	
Applicants notified by email:	ithin three (3) weeks of the date of the meeting closest to when the oplication was received.	