



Allied Health Education Grant Application Form

Criteria: Available to Allied Health Professionals working in the area of Cystic Fibrosis.
Grant: available to assist with costs of attending CFANZ Conference or another approved learning opportunity

Name: _____ Phone: _____
 Address: _____ Mobile: _____
 _____ Email: _____
 City: _____
 Postcode: _____

Doctor Physiotherapist Dietitian Nurse
 Social Worker Psychologist Other

Event that I wish to attend _____
 Event Details (dates / place) _____

I am requesting assistance for costs associated with: Registration Travel Accommodation
 Meals Other _____
 Amount Applied for: \$ _____

Is your Employer willing to support your attendance financially: YES / NO If not, why not?

Have you applied for or received funding from any other source? YES / NO If yes, please list source and amount.

Tell us what you hope to achieve by attending this event and any specific skills you hope to acquire

How will your attendance at this event benefit the wider CF community in New Zealand?

It is unlikely that you will receive full funding from the CFANZ as our funding budget is limited. What will you do if you only receive partial funding from us?

When do you need a decision by? _____

Signed: _____
 (Applicant)
 Date: _____

PLEASE COMPLETE THE SECOND PAGE

