Kaye Melmeth Grant
Sponsored by Flight Nurses Australia Inc
Course/Conference Assistance

APPLICATION FORM

1	**Name**
2	**Contact details**
	Employer
	Address
	Phone: work home
	Email address
3	**FNA Membership**
	Current FNA Member Yes/No
	Years of FNA membership Years
4	As a member of FNA, please detail your activities that demonstrate your commitment to Flight Nursing as a specialty. (Additional roles, teaching or promotion of Flight Nursing).
5	**Conference/Course Title**
6	**Conference/Course Location and Date**

7	**Brief outline of Conference/Course**
8	**Rationale for attending the conference/course** How will your attendance benefit FNA? How will your attendance benefit aeromedical nurses?
9	**Conference/Course Attendance**
	Attendee ☐ Invited speaker ☐ Submitted Paper ☐
	Paper Accepted (provide proof of acceptance) ☐ Approval for Paper pending ☐
	Other ☐
10	**Funds requested**
	Amount that you are seeking from FNA?
	Are you seeking funds from another source? Yes/No
	Have you ever received funding from FNA in the past? Yes/No If yes – please provide details:

11	**Budget details**
	Please provide details of all proposed expenses, including travel, accommodation, registration etc.

Item	***Amount***
Registration	$
Travel	$
Accommodation	$
Travel Insurance	$
Other costs	$
TOTAL	$

Other comments:

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Application Checklist:	
Curriculum Vitae	
Current APHRA registration	
Conference/Course Brochure/Call for Abstracts	
Conference paper abstract (if applicable)	
Travel Insurance (if applicable)	
Nursing Line Manager approval to attend (if in work time)	

I agree to the terms of this applications and understand my obligation if successful in my application. I will undertake the post conference/ course requirements and understand if I fail to do so, I will be required to return the funding.

I acknowledge that FNA hold no responsibility for my personal safety, health or circumstances during the entire period I am undergoing this conference/course and that the Kaye Melmeth Grant funding amount awarded to the recipient is final.

Applicant's Signature_____ Date_____

FNA Committee Comments

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FNA President Recommendation

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Conference Recommended:

☐ Yes

☐ No

Signature: _____ Date:_____

FNA President

Post conference report received: _____ Date:_____