



SAON  
PO Box 2  
PARKHOLME SA  
5000  
Australia

## **GRANT APPLICATION**

**Name:** .....

**Address:** .....

.....

.....

**Telephone: (H)..... (W).....**

**Place of Employment:.....**

**Current Position:..... Unit/Ward: .....**

**SAON membership: YES/NO**

**Date first joined (min 6 months):.....**

**Provide information regarding past receipt of SAON grant:**

**Date:..... Grant Allocation: \$.....**

**Grant for:.....**

.....

**Conference Title for which you are applying for grant monies:**

.....

.....

**Conference Venue:.....**

**Conference Date:.....**

*(Please attach conference brochure)*

**State Clearly (attach to application):**

**a) Aims, objectives and implications for orthopaedic nursing**

**b) How you plan to disseminate the information gained at the conference as a result of the grant**

**Please indicate if you are presenting at the conference:  
YES/NO**

**Provide details of funds requested:**

- a) Registration: \$.....
- b) Travel: \$.....
- c) Accommodation: \$.....

**Please indicate if you have or are intending to apply for  
funding from any other source: YES/NO**

**If yes, please provide details:.....  
Amount \$.....**

**Please attach a copy of the Conference Brochure and  
Registration to your application and return the completed  
form to:**

**Secretary  
SAON  
PO Box 2  
PARKHOLME SA 5000  
Australia**

**Monies are allocated in accordance with the “SAON  
Information and Guidelines for Grant”. These guidelines are  
available from the SAON website or request from the above  
address.**

**Members who receive and accept grant monies are required  
to provide a written report of conference proceedings  
outlining conference activity to the SAON committee on  
return from the conference.**

**Please:**

**Sign:**

**Date:**

<p><u>For fund committee use only</u> <u>Grant:</u> approved / not approved <u>Grant allocation:</u> \$ <u>Chairperson:</u></p>
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