



SAON
PO Box 2
PARKHOLME SA
5043
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 5043
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>
