

ANMF education fund

ANMF (Vic Branch) is strongly committed to nurses attending and participating in conferences relevant to their professional practice. These conferences may be within Victoria, interstate or international.

- Full or part-time financial members for one year are eligible to apply.
- The ANMF education fund is a contribution towards the conference attendance and in most instances will not meet the full amount requested.
- Recipients are to provide a copy of conference proceedings for ANMF (Vic Branch) Library for benefit of members.
- Recipients are to write a short report for possible publication in *ANMJ* or *On The Record*.
- Preference will be given to application for monies to attend a conference related to the member's area of clinical practice.
- No monies are to be granted to a member who has received assistance within the previous two years of the current application.
- ANMF (Vic Branch) reserves the right to award monies outside of the application guidelines based on special circumstances that may arise from time to time.
- Each application form sent to a member will have the guidelines attached.
- ANMF (Vic Branch) will keep a record of recipients.
- All applicants will be notified in writing regarding the Secretary's decision. There is no avenue of appeal for unsuccessful applications.

For further information contact: vstandfield@anmfvic.asn.au

→ [ANMF education funding application form on next page](#)

ANMF education funding application form

APPLICANT DETAILS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name of applicant

Email address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone (H)

Work (W)

Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Workplace

Clinical area where you work

Classification

Account details for EFT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

BSB number

Account number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ANMF membership number

How long have you been an ANMF member?

HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING ROLES, AND IF SO WHAT YEAR?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

ANMF Councillor

Job Representative

Health & Safety Representative

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

SIG member

SIG committee member

Annual delegate

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Other ANMF representation/involvement

Have you received an ANMF grant within the last two years?

CONFERENCE DETAILS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name of conference you wish to attend

Date/duration of conference

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Cost of registration fees

Costs of transport/fares

Costs of accommodation

Has your workplace granted you paid study leave to attend the conference?

Yes

No

IN 100 WORDS OR LESS, PLEASE STATE YOUR REASONS FOR WISHING TO ATTEND THIS CONFERENCE:

<input type="text"/>

Please attach a copy of the conference brochure and/or any other details.

Please address your application to: The Secretary
Australian Nursing & Midwifery Federation (Vic Branch)
Box 12600 A'Beckett Street PO
Melbourne VIC 8006



**Australian
Nursing &
Midwifery
Federation**
VICTORIAN BRANCH

ANMF education funding application form

APPLICANT DECLARATION

I [redacted]

in the event that I receive funding from ANMF (Vic Branch) to attend the forthcoming conference:

[redacted]

located at [redacted]

commencing on [redacted] and concluding on [redacted]

on the subject of [redacted]

hereby agree to provide, within a month of the closure of the conference, a written report to Branch Council, for possible publication in *On the Record* or the *Australian Nursing & Midwifery Journal*, on the conference, also a copy of conference proceedings where available.

[redacted]

Signature

[redacted]

Name

[redacted]

Date

FOR OFFICE USE ONLY

Name of applicant _____

Membership checked Y / N Financial status: _____ Date joined ANMF _____

Claim granted/refused _____

Post-conference report _____

Please address your application to: The Secretary
Australian Nursing & Midwifery Federation (Vic Branch)
Box 12600 A'Beckett Street PO
Melbourne VIC 8006



**Australian
Nursing &
Midwifery
Federation**
VICTORIAN BRANCH