

ANMF education fund

ANMF (Vic Branch) is strongly committed to nurses and midwives 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 following 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?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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APPLICANT DECLARATION

I _____

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

located at _____

commencing on _____ and concluding on _____

on the subject of _____

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.

Signature

Name

Date

FOR OFFICE USE ONLY

Name of applicant _____

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

Claim granted/refused _____

Post-conference report _____
