

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Course (eg. BNSc) \_\_\_\_\_ Year Level \_\_\_\_\_

Conference you wish to attend (please provide the web address as well if possible)

\_\_\_\_\_  
\_\_\_\_\_

Have you received any funding or support from another source (eg, external organisation)?

\_\_\_\_\_

Have you received any funding or support from the School of Nursing, Midwifery & Nutrition (SNMN) for conference attendance before? If so, when and how much?

\_\_\_\_\_

Do you have any official capacity at the conference – for example, are you a convenor, presenting a paper, nominated delegate for a student group?

\_\_\_\_\_

What financial support are you seeking from the SNMN (tick all that apply)?

- Airfares
- Accommodation
- Conference Registration
- Equipment (for poster or presentation)
- All of the above
- Other – please specify \_\_\_\_\_

What is the estimated total cost of your attendance at the conference? \_\_\_\_\_

How much are you requesting from the SNMN? \_\_\_\_\_

Why do you want to attend this conference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

How do you propose sharing what you learnt at the conference with the School and other students? Outline how you would do this (eg. written paper, presentation, other).

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Has any absence to attend this conference been permitted/supported by the Course Coordinator or other academic staff member of the School? If so, which staff member and what have you agreed?

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Please list any other information you feel is relevant to your application for funding here, or provide extra information as an attachment.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**IMPORTANT:** Your application will require endorsement by a member of the academic staff of the SNMN prior to submission to the Head of School. Please submit your completed form to the appropriate Course Coordinator or other member of the academic staff for endorsement.

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**ENDORSEMENT - SNMN ACADEMIC STAFF MEMBER TO PROVIDE SUPPORTING STATEMENT:**

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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APPROVED  Yes  No AMOUNT APPROVED: \$ \_\_\_\_\_  
Head of School signature

Comments:

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This form should be submitted to the Head of School's Office on Level 2 (Room 204) of the Nursing Sciences Bldg, Townsville Campus, or emailed to [nursingmidwiferyandnutrition-office@jcu.edu.au](mailto:nursingmidwiferyandnutrition-office@jcu.edu.au) as soon as possible prior to the conference. Applications will not be considered after conferences have already been attended. If you are seeking support for airfares and/or accommodation, please do not make any bookings until you know the outcome of your application.