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**ASI BRANCH MEETING**

**CARER’S GRANT APPLICATION**

**Instructions**

* Enter the information listed below. For YES/NO questions, delete as required
* Please do not scan these forms. It is NOT necessary to include a manual signature.
* Rename the form to ‘LASTNAME YYYY\_CarersGrant’ and submit in pdf format as per website instructions.

**Personal Details**

Title:

Name:

E-mail:

Organisation Name:

Organisation Address:

Full or Part Time:

Position:

Number and Age of Children

At the Time of the ASI Branch Meeting:

**ASI Membership**

|  |  |  |
| --- | --- | --- |
| ASI Membership Type: |  | |
| Were you a full ASI member last year? | YES | NO |
| Are you a full ASI member as of April 1st this year? | YES | NO |

**Meeting Details**

Which Branch Meeting will be attended:

Presentation Type:

(oral/poster/not known)

Provide details and value of other funding available to support your attendance at the conference:

(e.g. institute scholarship, travel grant, supervisor)

**Please outline below why attendance at this branch meeting is important:**

(maximum 200 words)

**Please outline below how this carer’s travel grant will assist you to attend this meeting:**

(maximum 200 words)

**Please provide a budget below outlining the amount you are requesting (up to $500) and how this will be specifically used with respect to the scholarship aim of contributing care of primary dependents to facilitate your attendance at an ASI Branch Meeting:**

Note: this could include travel costs for a companion to provide care for child, costs for extended childcare while you are attending conference, among others. This section is considered part of the assessable application so please outline specifically what this funding will be used for and justify why this is the most cost-effective and/or practical approach for you and your family.

**Please provide a list of up to your top five publications:**