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**WI TRAVEL AWARD OR CARER’S AWARD FORM**

**Please note -** This application form is for carersto apply for support to attend the ASI annual meeting (both Carer’s Awards and WI Travel Award) or a non-ASI meeting (WI Travel Award only) as per the table below. Use this form to apply for a Carer’s Award (people of all genders) or WI Travel Award (women only).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Branch Meeting  Carers Grant\* | **Annual Meeting**  **Carers Grant\*** | **Annual Meeting**  **Women’s Initiative**  **Travel Award\*** |
| For: | All genders | All genders | Women |
| Value (AUD): | Up to $500 | Up to $1000 | Up to $1000 |
| Purpose: | Branch Meeting attendance | Annual Scientific Meeting attendance | Annual Scientific Meeting or Non-ASI Meeting attendance |
| Covers: | Additional childcare or caring expenses. Travel and accommodation expenses for child/ren or dependent/s, and travel companion. | Additional childcare or caring expenses. Travel and accommodation expenses for child/ren or dependent/s, and travel companion. | Additional childcare or caring expenses. Travel and accommodation expenses for child/ren or dependent/s, and travel companion. |
| Application | Not this form. Use Branch Carers form. | **Use this form.** | **Use this form.** |

*\*This award is inclusive of cis and trans women and femme/feminine identifying gender queer and non-binary folks.*

**Instructions**

Please refer to the Awards section of the ASI website for information on how these awards will be assessed

* Enter the information listed below. For YES/NO questions, delete as required
* Rename the form to “LASTNAME\_YYYY\_WI\_CARERS”, attach a CV, convert to pdf and submit in pdf format as per website instructions.
* Please do not scan and upload these forms.

**Personal Details**Title:

Name:

E-mail:

Organisation Name:

Organisation Address:

Full or Part Time:

Position:

To which gender do you most identify:

Brief description of current carer responsibilities:

(For example, number of children and ages and/or nature of carer responsibilities)

**ASI Membership**

|  |  |  |
| --- | --- | --- |
| ASI Membership Type: |  | |
| Are you a full (Ordinary or Student) ASI member | YES | NO |

**Meeting and Abstract details (if applicable)**

Which meeting will be attended:

Abstract title:

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)

**Application details**

Please briefly outline why attendance at this meeting is important (maximum 250 words). Note: also indicate any other pre or post-conference activities that will be included with this travel

**Please briefly outline how this award would assist you to attend this meeting** (considering the aims of this award) (maximum 250 words)

Please provide a draft budget below (up to AUD$1000) and an outline of how this will be used to contribute to care of your primary dependents to facilitate your attendance at the meeting:

For example, in terms of childcare, this could include:

* Travel and accommodation costs for children
* Travel and accommodation costs for a companion to provide childcare
* Travel and accommodation costs for parents to support childcare
* Before- or after-school care for children while the awardee is away
* Formal childcare costs local to the conference
* Additional days of formal childcare at home while awardees are traveling
* Please note that similar costs could be requested for other forms of caregiving

We would appreciate if you could also highlight why your approach is the most practical and/or cost-effective approach for you and your family.

NOTE: **Please attach a short (1-3 pages) CV** to the end of this application.