**ROYAL MELBOURNE GRADUATE NURSES’ ASSOCIATION**

**Small Grant Program – Application Form**

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| **Applicant name** |  | | **Applicant phone no.** |  |
| **Applicant email** |  | | **Alternative contact** |  |
| **Applicant address** |  | | | |
| For the purposes of fair, unbiased review of your application, your name and contact details will be withheld from the reviewers. Please choose a pseudonym e.g., Wonder Woman, Kid2, etc. to be used during the Small Grant review process. | | | | |
| **Applicant pseudonym** |  | **Date application submitted** | |  |
| **Are you a current RMGNA member?** | YES  NO | **Member for longer than 1 year?** | | YES  NO |
| **Have you received an RMGNA small grant in last 2 years?** | | | | YES  NO |

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| **Current position**  Please provide your role name & a brief role description |  |
| **Workplace** |  |
| **Clinical Area or specialty** |  |

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| Please provide details of the activity you wish to support with the help of a small grant. These activities can include attending a conference, purchase of books, journal subscription, an online course or module, etc. | | | | |
| **Name/type of activity** |  | | | |
| **Provider/organisation** |  | | | |
| **Topics, general themes, etc.** |  | | | |
| **Date/s or total hours** (if applicable) | *Total hours OR* | *Date from:* | *To:* | |
| **URL** (if applicable) |  | **Supporting evidence provided** | | YES  NO  N/A |

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| **In 100 words or less, please state your reason for undertaking this activity** |  |
| **Requested grant amount** | $ |

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| **Bank account details** | If your submission is successful, it will make it easier and quicker to transfer the money to you if we already have your banking details on file. Alternatively, you can provide these details when you are notified of the outcome of your application | | |
| **Account name** |  | | |
| **BSB number** |  | **Account number** |  |

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| **Declaration** | As a condition of accepting an RMGNA small grant, I agree to provide a summary of the funded activity, my key learnings and the implications for practice which will be shared with the members of the Association as (please select at least one of the following):  an article for publication in the Association’s newsletter (within 6 months of completing the activity  a presentation at an RMGNA meeting | | |
| **Do you agree to the above declaration?** | YES  NO | **Signed** |  |

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| To submit your application, please:  Email to [rmhgna@outlook.com](mailto:rmhgna@outlook.com) or  Mail to PO Box 2182, Royal Melbourne Hospital. Parkville. VIC. 3050 |