



Conference Attendance Sponsorship

Guidelines and Application

Applications open: 1 January

Applications close: 30 June

CONFERENCE ATTENDANCE SPONSORSHIP GUIDELINES

CRANApplus offers Conference Sponsorship for individuals who are not in a position to self-fund nor have access to external funding from employers or other scholarship support schemes.

Eligibility Criteria

The Applicant may be:

- International delegate and/or Speaker
- Undergraduate Student of a health discipline
- Health professional from remote or very remote community

Preference will be given if the Applicant is a member of CRANApplus and a Student Member of a Professional Rural Health Club of your discipline.

Aboriginal and Torres Strait Islander people are encouraged to apply.

Sponsorship Requirements

Applicants are asked to nominate the level of sponsorship support they require. CRANApplus will consider contribution **up-to \$1,000**, for **registration fees**, and **accommodation costs** [max 3 nights] only. CRANApplus will administer the agreed contribution and make all relevant registrations and accommodation bookings. Any costs incurred to changing the accommodation once booked, will be the individual's responsibility.

Announcement of Successful Applications

CRANApplus Conference Sponsorship Committee will undertake the assessment of individual applications and the decision of the Committee is final.

The Conference Sponsorship Committee will notify the successful Applicants via email.

Contact details for the Conference Sponsorship Administrator:

Email: membership@crana.org.au
Phone: 08 8408 8200
Fax: 08 8408 8222
Postal Address: CRANApplus Conference Sponsorship Administrator
PO Box 127
Prospect SA 5082

Application for CRANAplus Conference Sponsorship

Please ensure all information provided is accurate

Title:(Dr. Ms, Mrs.)	First Name:	Surname:
Current Position:		Qualifications/Disciplines:
Employer/University:		
Residential Address:		
Town/ City:	State/Territory:	Postcode:
Country:		
Daytime Phone:	After hours Phone:	
Mobile/best contact No.:	Email:	

Aboriginal – Torres Strait Islander Status

- Are you Aboriginal Yes No
- Are you Torres Strait Islander Yes No
- Are you Aboriginal and/or Torres Strait Islander Yes No
- Are you neither Aboriginal or Torres Strait Islander Yes No

- Are you a CRANAplus member? Yes No
- Are you a member of student rural club? Yes No

Are you a Conference presenter?

- International Yes No
 - Domestic Yes No
- Are you an Undergraduate Student Yes No

Name of Rural Health Club _____

I would like Sponsorship for

- Conference Registration costs Yes No

Partial amount \$ _____

Whole amount \$ _____

- Estimated Accommodation Costs Yes No

Partial amount \$ _____

Whole amount \$ _____

Written Statement (max 200 words)

Please provide a short statement to support the application addressing your contribution and commitment to remote isolated health.

(max of 200 words, or attach the supporting statement to this form as separate document)

DECLARATION:

The declaration is a legally binding document and indicates that you have, to the best of your knowledge, provided true and correct information.

This Section Must Be Completed

I, _____ **declare that:**

- The information I have supplied in this application form is true and correct, at the time of application.
- Will advise the Conference Sponsorship Administrator, in writing, within 14 days of any change in my circumstances that may impede my attendance at the CRANApus Conference.

I understand that:

- The information on this form is collected for the purpose of assessing CRANApus Conference Sponsorship eligibility and selection.
- The information on this form may be used for the purpose of obtaining aggregated information about the Program and any information gathered for this purpose will not identify me in any way.

I agree to:

- Participate in promotional material that may arise from CRANApus annual Professional Conference.

Signature of applicant:

Date:

Advertising and Publicity Declaration:

This declaration indicates that you agree to participate in advertising and publicity of this scholarship

I declare that:

- I give permission to allow CRANApus to use my name, region and state/territory details and information about the university, and or workplace for the purpose of publicity and promotion of the CRANApus' Conference.

I agree to:

- Participate in events that might be arranged by CRANApus in relation to this Conference Sponsorship.

Signature of applicant:

Date:

Check List

Completed Application Form	<input type="checkbox"/>
Brief statement completed	<input type="checkbox"/>
Signed Declaration Form	<input type="checkbox"/>

Incomplete applications will be assessed on the basis of the information given.

Hand written applications are discouraged.

Closing date: 30 June annually

*Please **fax , email or post your Application and Declaration Forms** (pages 3-5) to *CRANApus*

Email: membership@crana.org.au

Fax: 08 8408 8222

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Prospect SA 5082