

CANCER SOCIETY OF NEW ZEALAND, WELLINGTON DIVISION,

MEDICAL AND SCIENTIFIC COMMITTEE

**Application for a Professional Development Grant**

General

The Committee aims to assist appropriate researchers and health professionals working in the Wellington region by providing financial support to assist them to attend relevant conferences, seminars or courses in New Zealand or overseas. The general aim is to help successful applicants gain experience that will lead to improvements in cancer care in Wellington.

The grants provided by the Committee have often been roughly equivalent to the fare components of applicants’ total costs. Other sources have frequently been able to provide significant proportions of remaining costs.

The Committee may also assist in supporting overseas cancer experts visit New Zealand to assist people involved in cancer study and care here.

Applications should have written support from two appropriate senior staff (Manager and/or Referees) familiar with the applicants in their working environments. Deadlines for the submission of applications on the attached form are the 1st of the months in which the Medical and Scientific Committee meets. Meeting dates are planned for:  March, July, September and November 2024.

This application should be forwarded to:

**Gerardine Robinson**

Cancer Society Wellington Division

52 Riddiford Street,

Wellington 6021

Phone: 04 260 4560

GerardineR@cancersoc.org.nz

|  |  |
| --- | --- |
| 1. Applicant’s Name:   Address: |  |
|  Gender: Ethnicity: |  |
|  |  |
| Present Position (Full-time/Part-time) |  |
|  |  |
| Contact Tel/Fax |  |
|  |  |
| E-mail |  |
|  |  |
| Employer’s Name and address |  |
|  |  |
| CV Data |  |
| *Secondary and Tertiary Education* |  |
| *Qualifications, Awards & Grants* |  |
| *Research experience* |  |
| *Publications* |  |
| *Positions held and dates* |  |
|  |  |
| **Referees. Please name and ask two senior people who know you in the work environment - as well as your manager - to support this grant application.** | 1. |
| 2. |
|  |  |
| 2. Conference/Seminar/Course title and dates |  |

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| --- | --- |
|  |  |
| What do you hope to gain from the experience*Please attach information regarding the meeting.* *Tick box if included:*  |  |

|  |  |
| --- | --- |
| 3. Costs | NZ$ |
| Return fare to: | NZ$ |
| Accommodation | NZ$ |
| Registration | NZ$ |
| Other (please specify) | NZ$ |
| **TOTAL** | NZ$ |

|  |  |
| --- | --- |
| 4. Other Support | NZ$ |
| How much do you expect to receive from: |  |
| 1. Your employer
 | NZ$ |
| 1. Other sources (Please specify)
 | NZ$ |
| **TOTAL** | NZ$ |

|  |  |
| --- | --- |
| 5. Sum requested from the Cancer Society | NZ$ |

|  |  |
| --- | --- |
| 6. Previous grants received from the Cancer Society by the applicant. Specify purposes, amounts and years | NZ$ |

**SECTIONS 7-9 ARE FOR THE ATTENTION OF THE APPLICANT’S MANAGER**

|  |  |
| --- | --- |
| 7. Please tell us why you want this applicant to go to this event, or to do this course, and how it will help minimise the impact of cancer on our community.**Please include letters from two referees and any other supportive information**.  |  |

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| --- |
| 8. A paper/poster for presentation by the applicant has been accepted/submitted *(please delete one or both.)*The topic is:  |

|  |
| --- |
| 9. This applicant is eligible for leave should appropriate financial support be granted. It is understood that the funds cannot be used for any purpose other than that described in this application and that a one page reports for possible publication will be forwarded to the Cancer Society within one month of returning to Wellington. I will also arrange for the applicant to disseminate information to colleagues on return to New Zealand.Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Manager) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 10. I forward this application for your consideration.Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| *(For office use* ). Date received Application AcknowledgedDecision Approved/Not Approved Amount Date letter/cheque mailed |

**Submission** This form should be completed and sent to the below contact by 1st of month prior to meeting date on first page.

**Gerardine Robinson**

Cancer Society Wellington Division

52 Riddiford Street,

Wellington 6021

Phone: 04 260 4560

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