



The Barbara Lester Scholarship Fund

APPLICATION FORM

- **Please fill out this form and attach your curriculum vitae demonstrating a commitment to neuroscience.**
- **Nurses must attach a copy of their annual registration payment (Authority to Practice notice).**
- **The successful applicant will be paid retrospectively on receipt of tax invoices or payment receipts.**

1. Applicants Details

Name _____

Address for correspondence (home address preferred) _____

Telephone _____ Email _____

2. Approval is sought to present at or facilitate a workshop/breakout session at

Interstate Conference

International Conference

Local/Instate Conference

Other (Please specify)

3. Type of presentation being facilitated

Verbal presentation
Abstract accepted *

Poster presentation
Abstract accepted *

* Include abstract + acceptance letter with application

Workshop/Breakout session

(Include confirmation letter or copy of conference program demonstrating involvement with application)

4. Conference Details (please include copy of program):

Title of Conference _____

Venue _____

Dates _____ Duration (days) _____

5. Level of support requested

Conference Registration Fee	\$
Travel Cost (e.g. airfare)	\$
Accommodation Cost	\$
Other expenditure	\$
Total Amount Requested	\$
Applicant own contribution	\$

6. Have you applied for funding from ANNA before?

No Yes

If yes, amount and year received _____

7. Have you applied for funding from any other funding bodies for this conference?

No Yes

If yes, Name of Funding Body _____
Amount applied for/received _____

(Amount provided may be adjusted where funding is being received from another source for the same purpose)

8. Proof of Employment

Name of Hospital/Facility _____

Length of Employment with present employer _____

Position held _____

Length of time in current position _____

9. Objectives

Please state your objectives (minimum of three) of the conference:

10. Declaration

I declare that the information I have provided in this application is, to the best of my knowledge, true and accurate. In signing this application I agree to fulfil the requirements set out in the Barbara Lester Scholarship Information Sheet, as determined by the ANNA Executive, which I have read prior to completing this application.

Signed _____ Date _____