

**Grant:** available to assist with costs of attending conferences or another approved learning opportunity outside NZ.  
**Criteria:** Available to Allied Health Professionals working in the area of Cystic Fibrosis.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Doctor       Physiotherapist       Dietitian       Nurse  
 Social Worker       Psychologist       Other

Event that I wish to attend \_\_\_\_\_

Event Details (dates / place) \_\_\_\_\_

I am requesting assistance for costs associated with:  Registration       Travel       Accommodation

Meals       Other \_\_\_\_\_

Amount Applied for: \$ \_\_\_\_\_

Is your Employer willing to support your attendance financially: YES / NO      If not, why not?

Have you applied for or received funding from any other source? YES / NO If yes, please list source and amount.

Tell us what you hope to achieve by attending this event and any specific skills you hope to acquire

How will your attendance at this event benefit the wider CF community in New Zealand?

It is unlikely that you will receive full funding from Cystic Fibrosis New Zealand (CFNZ) as our funding budget is limited. What will you do if you only receive partial funding from us?

When do you need a decision by? \_\_\_\_\_

Signed:  
(Applicant) and Date \_\_\_\_\_



Please mail this form and any attached documents to:

**Administration Manager,  
Cystic Fibrosis New Zealand  
PO Box 110 067  
Auckland 1148**

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