

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 1150**
