

## **EDUCATION GRANT APPLICATION & INFORMATION FORM**

ACORN Queensland Inc. is committed to providing funding to assist members in undertaking professional development activities that contribute to advancing perioperative nursing care. Applicants may apply for grants to assist their attendance at state and national conferences. Additionally, financial assistance can be granted to those that require aid with continuing professional development courses or postgraduate studies. The total budget for ACORN Queensland Inc. education grants is contingent upon the annual budget and therefore may fluctuate from one fiscal year to another.

Individual applications will be judged on merit and previous grant history will be considered. Applicants must meet all the eligibility criteria for consideration. Applications from individuals who do not meet the eligibility criteria or submit incomplete applications will be withdrawn from consideration. The ACORN Queensland Inc. committee will determine the successful recipients of grants and the degree of financial assistance to be allocated up to the maximum grant amount.

Any ACORN Queensland Inc. committee members applying for a grant will withdraw themselves from the decision-making process regarding their application and declare their conflict of interest. ACORN Queensland Inc. committee decisions are final and binding on all matters.

### **Grant categories and amounts for year 2024**

- Grants are for members to request funding assistance to attend a conference or education event related to perioperative nursing within Australia.
- Six (6) grants will be available each year - \$2000 maximum per grant.
- Grant applications are accepted year-round to accommodate ongoing educational opportunities. However, to ensure timely processing, applications must be submitted no later than six (6) weeks before the conference or education day. Please note that assessment may take up to 4-6 weeks, so applicants should factor this into their submission timeline.

### **Eligibility criteria**

1. Full financial membership of ACORN Queensland Inc. at the time of the grant application and when payment is due to occur.
2. Registered / Enrolled Nurse with current AHPRA registration.
3. Working in a perioperative nursing role within Queensland.
4. Full financial membership of ACORN Queensland Inc. for a minimum of two (2) consecutive years.
5. Have not received an education grant within two (2) years preceding the current grant application.
6. The education grant intended for an education opportunity pertaining to perioperative nursing.

### **Conditions of receiving a grant**

1. Applicants must complete the grant application form, showcasing their anticipated learning outcomes and the benefits of the grant they are requesting. The application must include education details and related cost. Completed applications are submitted to the ACORN Queensland Inc. Secretary no later than six (6) weeks before the event.

2. Applicants must write a post conference / education report in electronic word format, ranging from approximately 750 – 2000 words, and must meet the standard required for publication.
3. The grant recipient must also be prepared to present a verbal report at an educational day and webinar at the discretion of the ACORN Queensland Inc. committee.
4. Failure to submit a report will result in ACORN Queensland Inc. committee seeking the return of the education grant monies. Future grant applications will not be considered.

### Application process

1. Applications must be lodged with ACORN Queensland Inc. Secretary at least six (6) weeks prior to the scheduled conference / education event to allow sufficient time for consideration of the grant application.
2. The application form must be submitted in a single pdf document via email to [secretary@acornqld.org.au](mailto:secretary@acornqld.org.au). Applications are accepted via email only.
3. Applicants will be notified of the outcome via the email address supplied in the application.
4. Upon approval of an application, successful applicants will be notified by email, along with a Reimbursement Application form. To receive grant funds, the applicant must complete this form and provide proof of payment for the conference / education event and associated expenses by submitting copies of receipts.
5. Reimbursement will be processed via electronic funds transfer to the applicant's nominated bank account. Please anticipate up to four (4) weeks for this transaction to be completed after submitting your Reimbursement Application form to [secretary@acornqld.org.au](mailto:secretary@acornqld.org.au).
6. Successful applicants will receive reimbursement for either the maximum amount of the grant awarded, **or** the total amount of receipts submitted, whichever is the lower. Any expenses exceeding the grant amount will be the responsibility of the applicant.

APPLICANT'S DETAILS	
NAME:	
ADDRESS:	
POSTCODE:	
HOME PH:	WORK PH:
EMAIL ADDRESS:	
WORKPLACE NAME:	
CURRENT POSITION HELD:	



		Other details relevant to the application (such as number of night's accommodation, flight details etc.):	
<b>Total grant dollar amount being requested:</b>		(Up to the \$2000 maximum cap on grants) \$	
<b>Breakdown of costs:</b>	<b>Total amount</b>	<b>Amount of financial assistance sought from a grant:</b>	<b>Amount paying yourself or funded by another source:</b>
Registration fee			
Accommodation			
Airfares			
Travel insurance			
Other relevant expenses			
<b>Total cost</b>			

PLEASE ANSWER THE FOLLOWING QUESTIONS (Tick appropriate responses)	
1.	Please indicate the number of years you have been a member of ACORN Queensland Inc. - formerly Perioperative Nurses Association of Queensland (PNAQ): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ <input type="checkbox"/>
2.	In the last 12-month period have you attended any ACORN Queensland Inc. education sessions and / or meetings, or state conference? No <input type="checkbox"/> Yes <input type="checkbox"/>

	If yes, please list the dates of your attendance:
3.	<p>Have you presented at an education meeting, state conference or ACORN National conference? (This may have been as an invited speaker, free paper or poster)</p> <p>No <input type="checkbox"/>                  Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below:</p>
4.	<p>Have you held a term of office with ACORN Queensland Inc.(this may have been an executive or non-executive position) or a national ACORN term of office?</p> <p>No <input type="checkbox"/>                  Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below:</p>
5.	<p>Have you contributed to the ACORN Journal (report, review, article, scientific paper, editorial committee, regular column)?</p> <p>No <input type="checkbox"/>                  Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below:</p>
6.	<p>Have you contributed to ACORN Queensland Inc and / or ACORN National in any other capacity (i.e. participation on a subcommittee, conference committee or local area liaison)?</p> <p>No <input type="checkbox"/>                  Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below:</p>
7.	<p>Have you received any education grants from ACORN Queensland Inc. within the last two (2) years?</p> <p>No <input type="checkbox"/>                  Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below (including how you fulfilled the obligation of any grants you received in the past):</p>

8.	<p>Have you also applied for and / or been granted financial assistance from other sources to attend this conference / education event?</p> <p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please provide the details and date/s below:</p>
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APPLICANT'S DECLARATION	
<p><b>If my application is successful, I agree to:</b></p> <ol style="list-style-type: none"> <li>1. Use the funds to attend the conference / education event myself;</li> <li>2. Submit a report of approximately 750 – 2000 words, that demonstrates highlights of the conference / education event and my learning outcomes within six (6) weeks of my attendance at the conference / education event, for publication on the ACORN Queensland Inc. website, social media posts and / or newsletters;</li> <li>3. Present a verbal report at a study day or webinar meeting if requested;</li> <li>4. Return to ACORN Queensland Inc. the total amount of the education grant dollars awarded to me if I am unable to attend the conference / education event due to unforeseen circumstances.</li> </ol>	
<p><b>Name of applicant:</b></p>	
<p><b>Signature of applicant:</b></p>	
<p><b>Date of application:</b></p>	

The personal information you supply as part of the grant application will only be used by ACORN Queensland Inc. for the grant application process. The information collected will not be disclosed to a third party.

ACORN QUEENSLAND INC. OFFICE USE ONLY		
<b>Received by ACORN Queensland Inc.</b>		<b>Date:</b>
<b>Eligibility criteria</b>	Full financial member when payment is to occur?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Registered with AHPRA as registered or enrolled nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Currently employed within Queensland in a perioperative nursing capacity?	No <input type="checkbox"/> Yes <input type="checkbox"/>

	Financial member for two (2) consecutive years preceding current grant application?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Received an ACORN Queensland Inc. education grant in the past two (2) years preceding this grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Conference / education event relevant to perioperative nursing?	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Tabled at committee meeting:</b>		Date:
<b>Grant awarded</b>		No <input type="checkbox"/> Yes <input type="checkbox"/> Amount \$
<b>If grant application unsuccessful – reason/s:</b>		
<b>If unsuccessful, applicant notified:</b>		N/A <input type="checkbox"/> Yes <input type="checkbox"/> Date:
<b>Grant money paid to applicant:</b>		No <input type="checkbox"/> Yes <input type="checkbox"/> Date:
<b>Post event report to be received (6 weeks post event):</b>		Date:
<b>Post event report received:</b>		Date:
<b>If a post event report is not received by stated time, a failure to comply with grant obligation submission of report notification to be sent to the applicant.</b>		N/A <input type="checkbox"/> Yes <input type="checkbox"/> Date sent:
<b>President signature:</b>		Date:
<b>Treasurer signature:</b>		Date: