

## ACORN QLD EDUCATION GRANTS 2025

ACORN Queensland Inc. is committed to providing funding to assist members in undertaking professional development activities in Australia that contribute to advancing perioperative nursing care. Applicants may apply for grants for financial assistance for attendance at state and national conferences, continuing professional development courses or postgraduate studies.

### Education Grants 2025

In 2025 six grants will be available each year up \$2000 maximum per grant. The total budget for ACORN Queensland Inc. in 2025 is \$12,000. Please note that these education grants are contingent annual budgets and therefore may fluctuate from one fiscal year to another.

### 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 must be intended for an education opportunity pertaining to perioperative nursing.

### Application process

1. Grant applications are accepted year-round to accommodate ongoing educational opportunities. However, 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).
3. Applicants will be notified of the outcome via the email address supplied in the application.
4. Once the final report post event or study is received and approved, successful applicants will be emailed a Reimbursement Application form. To receive the 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. These are to be emailed to [secretary@acornqld.org.au](mailto:secretary@acornqld.org.au).

5. Reimbursement will be processed via electronic funds transfer to the applicant's nominated bank account within four weeks of submitting the Reimbursement Application form. Reimbursement is 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.

## Grant Conditions

To receive the grant applicants must first:

1. Complete the grant application form outlining their anticipated learning outcomes, benefits of the grant they are requesting, the event details and its associated costs.
2. Submit this form via email to the ACORN Queensland Inc. Secretary ([secretary@acornqld.org.au](mailto:secretary@acornqld.org.au)) no later than six (6) weeks before the event.
3. Provide a certificate of evidence of attendance at the requested education event.
4. Write and submit a post conference / education report in electronic word format, ranging from approximately 750 – 2000 words, and meeting publication standards.
5. Be prepared to present a verbal report at an educational day and/or webinar at the discretion of the ACORN Queensland Inc. committee.
6. Any ACORN Queensland Inc. committee members applying for a grant must withdraw themselves from the decision-making process regarding their application and declare their conflict of interest.
7. ACORN Queensland Inc. committee decisions are final and binding on all matters.
8. Individual applications will be judged on merit and previous grant history will be considered. Applicants must meet all the eligibility criteria for 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.



### CONFERENCE / EDUCATION EVENT DETAILS

**Identify what the grant will be used for:**

*Please provide as much information as possible i.e. specific name and details of conference / education event being attended including date/s, location (city and state), number of night's accommodation required and the event web address.*

*Can add an additional page if required.*

**EVENT TITLE**

**EVENT HOST**

**EVENT WEB ADDRESS**

**DATE/S**

**LOCATION** (Include full address with city, state & country)

**OTHER DETAILS RELEVANT TO THE APPLICATION** (such as number of night's accommodation, flight details etc.)

### BREAKDOWN OF COSTS

	Total Cost	Grant request Amount
Registration fee		
Accommodation		
Airfares		
Travel insurance		
Other relevant expenses		
Total cost		
Total grant dollar amount being requested:		

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Please indicate the number of years you have been a member of ACORN Queensland Inc. - formerly Perioperative Nurses Association of Queensland (PNAQ):  
  
1 ☐    2 ☐    3 ☐    4 ☐    5 ☐    6 ☐    7 ☐    8 ☐    9 ☐    10+ ☐
2. In the last 12-month period have you attended any ACORN Queensland Inc. education sessions and/or meetings, or state conference?  
NO ☐    YES ☐  
If yes, please provide the details and date/s:
3. 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)  
NO ☐    YES ☐  
If yes, please provide the details and date/s:
4. 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?  
NO ☐    YES ☐  
If yes, please provide the details and date/s:
5. Have you contributed to the ACORN Journal (report, review, article, scientific paper, editorial committee, regular column)?  
NO ☐    YES ☐  
If yes, please provide the details and date/s:
6. 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)?  
NO ☐    YES ☐  
If yes, please provide the details and date/s:

6.	<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 (including how you fulfilled the obligation of any grants you received in the past):</p>
7.	<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:</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.

### APPLICANT'S DECLARATION

**If my application is successful, I agree to:**

1. Use the funds to attend the conference / education event myself,
2. Submit a report of approximately 750 – 2000 words, that demonstrates highlights of the education event and my learning outcomes within six weeks of my attendance at the conference / education event, for publication on the ACORN Queensland Inc. website, social media posts and/or newsletters,
3. Present a verbal report at a study day or webinar meeting if requested, and
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.

<b>Name of applicant:</b>	
<b>Signature of applicant:</b>	
<b>Date of application:</b>	

**ACORN QUEENSLAND INC. OFFICE USE ONLY**

<b>Date received by ACORN Queensland Inc.:</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>		NO <input type="checkbox"/> YES <input type="checkbox"/> Date:
<b>Grant awarded:</b>		NO <input type="checkbox"/> YES <input type="checkbox"/> Date:
<b>If grant application unsuccessful – reason/s:</b>		N/A <input type="checkbox"/> YES <input type="checkbox"/> Date:
<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 received (within six weeks post event):</b>		NO <input type="checkbox"/> YES <input type="checkbox"/> 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:
<b>Vice President signature:</b>		Date:
<b>Treasurer signature:</b>		Date: