Complete this form if you are applying for a grant to assist you to attend a **conference, course, or placement** in sexual health medicine or an allied field.

To submit, email this form and all attachments to: [shsovictoria@gmail.com](mailto:shsovictoria@gmail.com)

**\*** All Fields are mandatory.

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|  | **TOPIC** | **Applicant Field \*** |
| 1. | **Applicant Name** |  |
| 2. | **Phone number** |  |
| 3. | **Email address** |  |
| 4. | **Current place of work and position title** |  |
| 5. | **Qualifications** |  |

Please attach your CV when submitting the application

**Application for (indicate one of these options only)**

□ Assistance with costs to attend a conference

□ Assistance with costs to attend a course

□ Assistance with costs to undertake a clinical attachment

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|  | **TOPIC** | **Applicant Field \*** |
| 1. | **Name and location of course/conference/ attachment**  (include website if applicable) |  |
| 2. | **Dates of course/ conference/attachment** |  |
| 3. | **Evidence of acceptance**  (attach if available, e.g. letter from proposed supervisor, abstract acceptance as poster/oral presentation) |  |
| 4. | **Abstract title**  conference grants only |  |
| 5. | **Abstract**  Provide a copy of your abstract (conference grants only) |  |
| 6. | **Budget**  Attach quotes or receipts for expenses (registration, travel accommodation) |  |
| 7. | **Other sources of funding**  Declare other source(s) of funding and indicate how the remainder of costs will be covered (SHSOV grants are for a maximum of $1500) |  |
| 8. | **Reason for applying**  What are your ambitions and how would receiving this grant assist you to achieve them?  Maximum 500 words |  |