



## The Gillies Travelling Fund Charitable Trust Grant Application

### SECTION 1 - Contact Details

#### *Contact Details of Principal Applicant*

<b>Name</b>	
<b>Department</b> <b>Position</b> <b>Organisation</b> <b>PO Box / Street number</b> <b>Suburb</b> <b>City / Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

#### *Personal Details*

<b>Date of Birth</b>		<b>M</b>		<b>F</b>		<b>NS</b>	
<b>Nationality</b>							

#### *NZAPS Membership status*

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#### *What is the purpose of your application*

<b>Clinical Fellowship</b>		<b>Complete Section 2</b>
<b>Professional Development</b>		<b>Complete section 3</b>
<b>Research Project</b>		<b>Complete section 4</b>
<b>Higher Qualification</b>		<b>Complete section 4</b>

<b>Total Funding Requested (GST exclusive):</b>	<b>\$</b>
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#### *Other support*

Note: This Grant is intended to support the applicant where no other source of funding is available. Please give details of the reasons you require GTF funding and any other sources of funding you have for this proposal	
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## **SECTION 2 – Proposed Programme**

*Outline your Fellowship, describing the location and dates of the clinical work, and specific training aims of Fellowship that you propose to undertake. Please ensure you include details of how your Fellowship will help improve and advance the field of Plastic and Reconstructive surgery in New Zealand. If you will be undertaking a research project on Fellowship, the research should be described under the headings aims, research plan and methods, significance and relevant previous work.*

*Outline the reasons for choosing the particular host institution, department and supervisor for your Fellowship.*

### **SECTION 3 – Proposed Schedule**

#### ***Proposed Programme***

Name of Conference / Meeting:
Location of Conference:
Dates of Conference:
Dates of travel (if leaving NZ):

<b>Reason for Travel</b> (tick all that apply)	
International congress	<input type="checkbox"/>
Specialist society meeting	<input type="checkbox"/>
Workshop or small speciality meeting	<input type="checkbox"/>
Formal instruction course	<input type="checkbox"/>
Clinical and laboratory visits	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

<b>Participation</b> (tick all that apply)	
Meeting organiser	<input type="checkbox"/>
Invited participant	<input type="checkbox"/>
Delegate	<input type="checkbox"/>
Oral presentation submitted (S) or accepted (A)	<input type="checkbox"/>
Poster submitted (S) or accepted (A)	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

***Where several places are to be visited, a short itinerary should be given. Please include abstracts of any and all presentations to be given.***

#### **Section 3A – Applicant Information**

***Please briefly outline your career background and specify your professional goals which will be achieved by attending this conference or course (250 words maximum).***

Delete these words and start typing here.

#### **Section 3B**

***Please provide description of conference or training course and reason for attending.***

Delete these words and start typing here.

#### **Section 3C**

***Please provide abstract or presentation details if applicable (and note whether accepted or submitted).***

Delete these words and start typing here.

## **SECTION 4 – Proposed Programme**

*If you Intend to Enrol for a Higher Degree during your Research period, please Complete this Section*

<b>Intended Degree</b>	
<b>University</b>	
<b>Department</b>	
<b>Supervisor</b>	

### ***Research Project Title***

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***Abstract of Research Project (500 words maximum) – Explain the research project, and specify how it will improve and advance the field of Plastic and Reconstructive surgery in New Zealand.***

Title:

Abstract:

## **SECTION 5 – Budget**

*Detail the level of financial support being sought and the period of time involved. Please break down the budget clearly into appropriate categories such as Travel / Flights; Accommodation; Registration costs, etc. If Salary support is being requested, the level of salary requested should be justified and benchmarked against other overseas Fellowships.*

Delete these words and start typing here.

### **Summary of Budget Costs (GST exclusive).**

Total cost of activity (please use editable table provided and add lines or amend to suit your application). Please note the Grand Total must match the total funding requested in Section 1.

<b>ITEM</b>	<b>PRICE/UNIT</b>	<b>Requested from Trust</b>
Airfare		
Taxis or other transport		
Registration Costs		
Accommodation		
Incidentals		
Salary support		
	<b>GRAND TOTAL</b>	

*Quotation for travel to the conference / course should be attached, as should a letter of support from your Supervisor or Clinical Head where appropriate (which is most instances). Please attach letter confirming remuneration for any formal post.*

*The Gillies Travelling Fund may be in a position to fund some but not all of your requested costs. Please indicate if you would accept a partial payment towards your costs. Y/N*

*Please also indicate if you have applied to any other possible funding sources.*

## **SECTION 6– Referees**

*Please give the name, address (including e-mail) and contact phone number of one person, apart from your supervisor and co-supervisor(s), whom the Trust can ask for an opinion on your suitability for the clinical fellowship or programme (you should first ascertain that they are willing to do this). Referees must be members of NZAPS.*

### *Nominated referee*

<b>Referee Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Relationship to applicant</b>	

**Contact Details of Co-applicants or Co-investigators (if applicable)**

<b>Name</b>	
<b>Department</b> <b>Position</b> <b>Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City &amp; Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>Name</b>	
<b>Department</b> <b>Position</b> <b>Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City &amp; Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>Name</b>	
<b>Department</b> <b>Position</b> <b>Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City &amp; Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

Copy and paste table if necessary

## **SECTION 7 – Administrative Agreement**

We the undersigned have read the administrative agreement below and undertake to abide by the conditions of this agreement if the Gillies Travelling Fund Charitable Trust (“the Trust”) awards a grant to the applicant:

1. The Trust may accept any application in full or part, negotiate with one or any number of applicants, re-advertise for applicants and reject or refuse all or any applications.
2. Successful applicants will be required to enter into a separate agreement with the Trust recording the terms on which the grant is made, including the right to use the award of grants for publicity for the benefit of the Trust.
3. The applicant warrants that the information provided by the applicant to the Trust in relation to the application for a grant is true and correct to the best of its knowledge at the date of the application. The applicant will use their best endeavours to communicate any change in the information.
4. The information requested in this application will be used for the purpose of assessing the proposal. Some information will be used in a non-identifiable form for Trust purposes. The Trust undertakes to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.
5. The applicants undertakes to provide the Trust with a short report on completion of the Fellowship/ Project including a short account on how the funding was used.
6. The applicant agrees to repay any funds outstanding from the Grant if unused at completion of the Fellowship/ Project.
7. The host institution agrees and undertakes to bear all risks and claims connected with any activity covered by this application and to indemnify and hold harmless the Trust against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or damage to property, or any other losses resulting from or connected with any act or omission performed in the course of the program of the applicant.
8. The host institution agrees and undertakes to support for the duration of the scholarship or research the work described in this application by making available accommodation, facilities for research and the services necessary for its fulfilment.

### ***Principal Applicant***

Name:	Signed:	Date:
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### ***Head of Department (if applicable)***

Name:	Signed:	Date:
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### ***Head of School, Faculty or Hospital (if applicable)***

Name:	Signed:	Date:
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### ***Authorised official on behalf of host institution (University/hospital, if applicable)***

Name:	Signed:	Date:
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The New Zealand Association of Plastic Surgeons Inc. is an Incorporated Society established under the Incorporated Societies Act 1908 and is a trustee of the Gillies Travelling Fund Charitable Trust whose purpose is to help improve and advance the field of Plastic and Reconstructive Surgery in New Zealand. All transactions by the Society are conducted as trustee of the Charitable Trust.