**Conference and Training Course Grant Application**

# Section 1 – Summary

**Conference or Training Course**

|  |  |
| --- | --- |
| Name |  |
| Dates |  |
| Location |  |
| Website |  |
| Expected number of attendees |  |

**Academic Conference or Training Course Convenor contact details**

|  |  |
| --- | --- |
| Name |  |
| Present position |  |
| Department |  |
| Institution |  |
| Postal address |  |
|  |
| Telephone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Total request  Maximum $20,000 | $ | Enter the total figure from the budget presented in Section 3 |

For further information see the advice to applicants on the Foundation’s website

**Resubmission**

Is this application a resubmission? YES NO

If you have responded **YES**, please provide details below.

**Title of previous application**

|  |
| --- |
|  |

**Year and Grant Round of previous application**

|  |
| --- |
|  |

**Media Summary**

[*In 100 words or less, describe the conference or training course and its significance in language understandable to the general public. Delete these instructions and start typing here*]

# Section 2 – Description of Conference or Training Course

[*There is a 2 page limit for this section. Delete these instructions*]

**Purpose**

[*Clearly state the purpose or aims of the conference or training course. Delete these instructions and start typing here*]

**Sponsor**

[*Describe the organisation, society, or institution that sponsors this conference or training course. Delete these instructions and start typing here*]

**Background**

[*Describe the history of this conference or training course, including whether it is an annual meeting, how many years it has been held, and attendance numbers for recent meetings/courses. Delete these instructions and start typing here*]

**Attendance**

[*Estimate the number of early career researchers that are expected to attend. Describe how the conference will be advertised for national reach, or justify the reasoning if the conference will not be advertised nationally. Delete these instructions and start typing here*]

**Keynote Speakers**

[*Specify the titles or themes for any keynote speaker talks. Delete these instructions and start typing here*]

**Significance**

[*Describe the value and significance of this conference or training course to the New Zealand neurology and neuroscience communities. Delete these instructions and start typing here*]

# Section 3 – Budget

The maximum budget is **$20,000**. Please itemise the expected costs below, and include quotes for airfares, accommodation and conference or training course costs as supporting documents. The budget requested should be in NZD. The Neurological Foundation will not award more than is requested in the budget. Add/remove rows as needed.

|  |  |
| --- | --- |
| **Conference or Training Course Costs** | **Cost NZD** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Costs** | **$** |

|  |  |
| --- | --- |
| **Support from other sources** | **Value NZD** |
| Funding source (please specify) |  |
| **Total support from other sources** | **$** |

|  |  |
| --- | --- |
| Shortfall (total costs – total support from other sources) |  |
| **Total requested from the Neurological Foundation** | **$** |

*Describe below your plan for using these funds to facilitate early career researcher participation, and/or facilitate participation of a named international keynote speaker. If you are intending to use the funds to subsidise early career research participation, please explain the process by which this support will be allocated. If the cost of the Conference or Training Course is greater than the amount requested from the Foundation, describe how the additional costs will be funded.*

# Section 4 - Conditions and Signatures

**Privacy Provisions**

The information requested in this proposal will be used for the purpose of assessing this proposal. The Neurological Foundation of New Zealand undertakes to securely store all proposals. Committee members are required to agree to the Foundation’s confidentiality policies.

For public interest purposes, the Neurological Foundation of New Zealand reserves the right to release the applicant’s name, host institution, Conference or Training Course title, and funding awarded, for successful applicants. By signing this application you are agreeing to the release of this information.

**Publicity**

The Foundation will expect to be acknowledged as a conference sponsor in printed and online conference materials. If this application requests funding for a keynote speaker, this person will be expected to provide an interview or public presentation for the Neurological Foundation during their time in New Zealand. These details can be negotiated at the time the grant is awarded.

By signing this application form, the academic conference convenor agrees to the conditions outlined above.

Academic Conference or Training Course Convenor

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

By signing this application form, the authorised official confirms that their organisation will administer the grant in the event that this application is successful.

Authorised official on behalf of host organisation

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

# Section 5 – Reminders

* Please use Calibri 11 point font throughout; figure labels and captions may use a different font and font size if needed
* Please save and submit this application form as an editable PDF. Please do not scan the printed Word document
* Please submit the application data collection form, available on the Foundation’s website, as a separate PDF
* Please attach conference/training course programme, quotes for travel and accommodation, and CVs of keynote speakers as separate PDFs