

APPLICATION FOR GRANT

Please read the [MEDSAC Grant Guidelines](#) before completing this application.

APPLICANT

Name	
Contact Information	Email:
	Mobile:
Organisation	
MEDSAC Affiliation	
	Membership Status:
	Board or Committee Participation:
Which grant are you applying for?	Istar / Lead Clinician / Directors Development

COURSE OF STUDY

Course / Event / Conference Description	
Timeframes	
Formal study only Course Progress Status	Papers required for completion: Papers completed:

RELEVANCE

MEDSAC Benefits	Relevance of course to MEDSAC Purpose & Ambition:
	Present or future anticipated contribution by applicant to MEDSAC activities:
	Other relevant outcomes and benefits of course completion:

COSTS

Enrolment Fees	Registration:	Total:
	Per paper:	
Travel Costs	Travel to and from course venue:	Total:
	Accommodation at course venue	Total:
Other costs	Please detail:	Total
Total Costs		Total:

FUNDING

Course Funding	If you have been a prior recipient of a MEDSAC grant, please provide details:
Other Course Funding	If this course of study has been previously funded by another party, please provide details:
CME Funding	Are you eligible for hospital-based CME funding and, if so, do you intend to apply for this funding?
Other Funding Opportunities	Do you have any other opportunities for alternative funding? If so, do you intend to pursue these opportunities?

Please email this application with the subject **Grant Application**, together with any relevant information attachments to: susan@medsac.org.nz (and cc in admin@medsac.org.nz).