

Green Lane Research and Educational Fund

A Guide to Applicants for Research and Other Support



*Clinical Excellence Through
Research and Education*

*Charities Commission registration
CC21111*

6. CENTENNIAL TRAVEL AWARD FOR NURSES, TECHNICIANS AND PARAMEDICAL STAFF

6.1 Purpose

A single award of up to \$5000 may be awarded annually to a nurse, technician or other paramedical staff member to allow a period of education and observation at an overseas hospital. Attendance at an international conference may also be included. Eligible applicants must be clinical employees of ADHB from one of the 5 departments (Cardiothoracic Surgery, Cardiothoracic Anaesthesia, Cardiology, Paediatric Cardiology & Surgery and Respiratory Medicine) represented by the Trustees.

6.1.1 Applications

Applications for the Centennial Travel Award will be considered once a year, **the closing date being 26 April** for consideration at the June meeting of the Trustees.

An **electronic original** should be **emailed to Sarah O'Connell: SOConnell2@adhb.govt.nz**. **There is no need for a hard copy.**

6.1.2 Reports

The Fund requires a report upon completion of the travel.

6.1.3 Application form overleaf

GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

Address all correspondence to:

Sarah O'Connell
Administrator Green Lane Research & Educational Fund Board
PO Box 110042
Auckland City Hospital
AUCKLAND 1148

Tel: +64 9 3074949 ext 23730
Email: SOConnell2@adhb.govt.nz



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CENTENNIAL TRAVEL AWARD APPLICATION FORM

(Closing date: 26 April)

Name: _____ **Employee No:** _____

Position: _____

Level of Practice (if applicable): _____

Department: _____

How long have you held this position? _____

Please attach detailed information under the following headings on how you would use this award:

- Educational aim/s
- Proposed plan
- Proposed benefit/s
- Proposed itinerary
- Budget – please attach evidence of all expenses in New Zealand dollars GST exclusive

Annual CME: \$ _____ **Current CME balance:** \$ _____

Are you currently doing post-graduate study? Yes/No

Have you received travel support from GLREF before? Yes/No

Have you applied to any other body for funding? Yes/No

If so please provide details:

IMPORTANT: Page 2 of this application must be completed before submitting it

Signature: _____ **Date:** _____

(1) CHARGE NURSE or SERVICE MANAGER

Please provide your recommendations and comments on this application.

Name: _____ **Date:** _____

Signature: _____