

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 29 April** for consideration at the June meeting of the Trustees. The **original (hard copy with signatures)** of the application is required and should be typed on A4 paper and forwarded to the Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland. Alternatively they may be delivered to the Fund Administrator c/o Cardiology Department, Level 3, Auckland City Hospital **and 1 electronic copy to email: SOConnell2@adhb.govt.nz**.

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 29 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: _____