

The Royal New Zealand College of General Practitioners  
Research and Education Charitable Trust

# TRAVEL GRANT APPLICATION FORM 2011

## General Instructions

Please note there are one or more grants available up to a total of \$3000 per annum.

1. Please supply one signed and dated copy of the application on A4 paper.  
Applications must be typed.
2. Applications to be sent to the Trust Secretary, PO Box 10440, Wellington 6143.
3. Applications close at 5.00 pm on Friday, 19 August 2011 and Friday, 21 October 2011.

Last name: ..... Title: .....

First name(s): .....

Address: .....

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Town/City: .....

Telephone: (Work) ..... (Home) .....

Fax: ..... Email: .....

Iwi Affiliation ..... Hapu .....

(if relevant): ..... (if relevant): .....

Ethnicity: .....

## Section 1

Present position (if relevant): .....

### Please give the following details:

1. The purpose of .....  
travel: .....

2. Location: .....

3. Proposed itinerary: .....

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4. Significance of trip to general practice in New Zealand: .....

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5. Communication of learning to other general practitioners: .....

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6. Budget – (salary, travel etc.): .....

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7. Details of conference(s)/meeting(s) you plan to attend: Attach conference flyer or web address

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8. Do you intend to give a paper at the above conference(s)/meeting(s)?      Yes       No

9. Please indicate whether or not you are willing to write an article for the *Journal of Primary Health Care*.      Yes       No

10. Commencement date of proposed travel: (dd/mm/yy) \_\_\_\_\_

11. Is any other organisation contributing towards travel costs?      Yes       No

12. Has any overseas grant from other organisations been received for this purpose?      Yes       No

13. Have you travelled overseas for similar purposes within the last two years? Yes       No

14. Will your usual income continue during the absence?      Yes       No

15. Have you received a travel grant from the RNZCGP R&ECT in the last five years?      Yes       No

**Section 2 Biographical details** – do not attach a Curriculum Vitae

Degrees, Diplomas etc.	Year	Institution	Academic Field

General practice experience

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**Section 3 Referee support** – Note: application must be supported by at least one referee

*I support this application.*

Name of referee: .....

Position: .....

Address: .....

Telephone: ..... Email: .....

Signed: ..... (Referee) Date: .....

*I support this application.*

Name of referee: .....

Position: .....

Address: .....

Telephone: ..... Email: .....

Signed: ..... (Referee) Date: .....

Signed: ..... (Applicant) Date: .....

**(This information is confidential)**