

## Applicant Information

\* indicates a required field

### Before you begin

Before proceeding with this application, please ensure you have read and understood the Guidelines for this round, including **all eligibility and application requirements**.

### 1.1 Applicant details

#### 1.1.1 In which capacity are you undertaking the proposed travel/conference activity? \*

- ☐ As a student undertaking a health and medical research project supervised by a staff member of CNARTS
- ☐ As an Early-Mid Career Clinical or Research staff member employed within CNARTS and currently conducting or supporting a CNARTS-associated research or healthcare improvement project

#### 1.1.2 Applicant name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 1.1.3 Applicant phone number \*

Must be an Australian phone number.

#### 1.1.4 Applicant email address (Students: please provide your university email address) \*

Must be an email address.

### 1.2 Student details

#### 1.2.1 What degree are you enrolled in? If selecting 'Other' please also supply the name of your degree program. \*

- ☐ Honours degree
- ☐ Masters by Research
- ☐ PhD

#### 1.2.2 At which university are you enrolled in that program of study? \*

#### 1.2.3 Name of the host Faculty/School/Department at that university \*

### 1.2.4 Start date of the degree \*

### 1.2.5 Estimated end date of the degree \*

### 1.2.6 Are you studying full-time or part-time? \*

- ☐ Full-time  
☐ Part-time

## 1.3 CNARTS-affiliated supervisor details

Please provide below the details for the CNARTS-affiliated supervisor overseeing your research project. If you are a HDR or Honours student, this person must be one of your official supervisors.

### 1.3.1 Supervisor's name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 1.3.2 Supervisor's position title \*

### 1.3.3 Supervisor's primary affiliation \*

### 1.3.4 Supervisor's phone number \*

Must be an Australian phone number.

### 1.3.5 Supervisor's email address \*

Must be an email address.

## 1.4 Researcher details

### 1.4.1 The organisation where you are employed and through which conference participation has been arranged \*

### 1.4.2 Your current position title \*

### 1.4.3 Please select all other affiliation(s) you have (DO NOT reselect your primary) \*

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## Form Preview

- |   |   |
|---|---|
| <input type="checkbox"/> Flinders University  | <input type="checkbox"/> SALHN (Southern Adelaide Local Health Network) |
| <input type="checkbox"/> The University of Adelaide                                     | <input type="checkbox"/> WCHN (Women's and Children's Health Network)   |
| <input type="checkbox"/> The University of South Australia                              | <input type="checkbox"/> Basil Hetzel Institute                         |
| <input type="checkbox"/> CALHN (Central Adelaide Local Health Network)                  | <input type="checkbox"/> Centre for Cancer Biology                      |
| <input type="checkbox"/> NALHN (Northern Adelaide Local Health Network)                 | <input type="checkbox"/> No other affiliation                           |
| <input type="checkbox"/> Rural Support Service or Regional Local Health Network         | <input type="checkbox"/> Other: <input type="text"/>                    |
| <input type="checkbox"/> SAHMRI (South Australia Health and Medical Research Institute) |   |

You can select more than 1 choice

### 1.4.4 Do you currently hold a Higher Degree by Research (either a Masters by Research or a PhD) in line with Australian Qualifications Framework Levels 9 or 10? \*

☐ Yes ☐ No

For AQF levels, see [www.aqf.edu.au/framework/aqf-levels](http://www.aqf.edu.au/framework/aqf-levels)

### 1.4.5 When was your HDR conferred?

Month of HDR conferral

Year of HDR conferral

<input type="text"/>	<input type="text"/>
Choose from the available options	Enter year in format YYYY

For the purposes of this scheme, "Early-Mid Career" is considered as up to 10 years post HDR conferral (where held), or an equivalent amount of research experience, allowing for career disruptions in line with the NHMRC Relative to Opportunity policy available from: <https://www.nhmrc.gov.au/about-us/policies-and-priorities#download>.

*Please note that further justification for claims of HDR equivalence and/or career disruption(s) may be requested during assessment.*

### 1.4.6 Do you believe you meet the definition provided above for an Early-Mid Career Researcher? \*

☐ Yes ☐ No

## 1.5 Research and research experience

### 1.5.1 Provide a brief summary of your current research, including its aims and objectives, below. \*

Word count:

Must be no more than 200 words.

**1.5.2 Provide the link to a publicly available online profile detailing your research outputs to date (e.g. university researcher/staff profile, Google Scholar, Scopus or similar listing). The profile chosen should be updated and representative. \***

## Activity Details

\* indicates a required field

### 2.1 Reason for funding request

**2.1.1 What type of conference have you participated in? Please tick one. \***

- ☐ a virtual conference or conference held locally that did not require travel
- ☐ a local/national conference (in person)
- ☐ an international conference (in person)

**2.1.2 Attach the official approval to travel from your organisation below**

Depending on your institution and role, this may be a 'Study Away' application, 'Notification to Travel Form', internal memo from the CEO or other written approval for travel obtained through your employing/enrolling institution's travel approval process.

Please note, documents indicating "pending" travel approval may be uploaded, but any travel award will be subject to receipt of the fully authorised travel form before funds can be transferred.

\*

Attach a file:

**2.1.3 Start date of travel (i.e. when will you begin your journey) \***

Must be a date.

**2.1.4 End date of travel (i.e. when will you complete your journey) \***

Must be a date.

### 2.2 Conference details

**2.2.1 Name of the conference \***

**2.2.2 Conference location, including country. (Indicate 'virtual' if attended remotely) \***

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## Form Preview

**2.2.3 Please provide the URL to the finalised conference website or program, showing the dates of the event \***

**2.2.4 Start date of your attendance at the conference \***

Must be a date and between 1/1/2024 and 31/12/2024.

**2.2.5 End date of your attendance at the conference \***

Must be a date.

**2.2.6 Which active participation role(s) did you undertake at the conference? \***

- ☐ Oral presentation
- ☐ Poster presentation
- ☐ Chairing a panel/session

At least 1 choice must be selected.

**2.2.7 Upload written confirmation from the event organisers that you have been granted the role(s) indicated above \***

Attach a file:

**2.2.8 Upload a copy of the accepted abstract for the role(s) above \***

Attach a file:

**2.2.9 Outline the outcomes and career benefits from participating in the conference. Please include what your oral/poster/panel/session will be about and the knowledge, connections and/or other beneficial value to be gained by your participation in the conference \***

Word count:

Must be no more than 250 words.

## Budget and Financial Support

\* indicates a required field

Please note: Should the request be successful, funds will be provided to the cost centre at the employing/enrolling institution through which conference registration and/or travel was

arranged and as indicated on the Notification to Travel form (or similar). Funds will not be provided to private accounts and can't be claimed directly from THRF Group.

3.1 Conference participation costs

List below **all eligible expenditures** arising from your conference participation. The amounts requested should align with the information provided on your approved 'Notification of Travel' form (if applicable) and the invoices/receipts provided below.

Grant funds are intended to fund economy flights, transfers, accommodation, conference registration, and visa expenses but are **not** intended to fund meals, entertainment or memberships.

Applicants must have followed relevant University/Health Network travel policy guidelines when making bookings.

3.1.1 Type of expenditure	3.1.2 Further details/explanation of the item and cost (see hint text below)	3.1.3 Invoice, quote or receipt for item	3.1.4 Cost (AUD)
	HINT: Please provide details about the item (e.g. number of nights accomodation, location, port of departure/ arrival) AND any further information required to understand how you arrived at the cost given at 3.1.4 (e.g. currency conversion rate applied, explanation of split/ shared costs).		MUST be provided in Australian dollars.
			\$

3.2 Other funding to be contributed towards this activity

Please provide the details below of **all** other funds to be contributed towards this travel, including:

- any other travel grants awarded for this travel
- funds from internal cost centres/accounts
- any funds you may be contributing personally.

**Do not** include the amount requested from THRF Group-KTDRA here. This should be entered at 3.3.

3.2.1 Source	3.2.2 Value of contribution (AUD)

3.3 Funds requested from THRF Group-KTDRA

The funding requested from this scheme, **must not exceed \$750** for a national conference participation (face to face) or all virtual conference attendance.

Total amount requested from this scheme \*

Must be a whole dollar amount (no cents) and no more than 750.

3.3 Funds requested from THRF Group-KTDRA

The funding requested from this scheme, **must not exceed \$2,500** in support of international travel/conference participation.

Total amount requested from this scheme \*

Must be a whole dollar amount (no cents) and no more than 2500.

3.4 Budget summary (autocalculated)

The summary below is automatically calculated from the information provided above.

The total costs of travel and funds obtained/requested above **MUST** balance out (to within \$1) in order for this application to be submitted.

3.4.1 Total costs of participation	3.4.2 Total value of non-THRF contributions	3.4.3 Amount requested from THRF-KTDRA	3.4.4 Balance checker
\$ <div></div>	\$ <div></div>	<div></div>	<div>*</div>
This number/amount is calculated. Sum of all funds entered in 3.1	This number/amount is calculated. Sum of all funds entered in 3.2	This number/amount is calculated. As entered at 3.3	This number/amount is calculated. MUST equal <\$1 to proceed with submission

Applicant Declaration

\* indicates a required field

Privacy Notice

The Hospital Research Foundation Group (THRF Group) collects personal information in order to assess, verify and manage applications. Further information about how THRF Group collects and manages personal information is set out in [THRF Group's Privacy Policy](#). By completing this application you agree to THRF Group collecting, using and disclosing your personal information for these purposes and in accordance with its Privacy Policy. If you provide personal information about other individuals in the application you agree to notify those individuals of THRF Group's Privacy Policy.

4.1 Applicant Declaration

By submitting this form you are declaring that the information you have provided is true.

4.1.1 Applicant's full name \*

4.1.2 Date of application submission \*

Must be a date.