

Applicant Information

* indicates a required field

Before you begin

Before proceeding with this application, please ensure you have read and understood the latest version of the [Guidelines](#) for this round, including **all eligibility and application requirements**.

Privacy Notice

We collect 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 us collecting, using and disclosing your personal information for these purposes and in accordance with our Privacy Policy. If you provide personal information about other individuals in the application, you agree to notify those individuals of our Privacy Policy.

Details shared with Business Events Perth

For all applicants, whether successful or unsuccessful, summarised application content including applicant details (name, organisation, position, contact details and role in conference), information about the conference opportunity, and the applicant's research will be shared with Business Events Perth to assist their efforts to attract international events to Western Australia. Applicants may opt out of being contacted by Business Events Perth for this purpose in the application form.

Successful applicants may still be contacted by Business Events Perth regarding communicating award details and/or sharing post-travel report content in their materials.

1.1 Applicant details

1.1.1 In which capacity will you undertake the proposed conference activity? *

- ☐ As a current Higher Degree by Research student
- ☐ As a clinical researcher
- ☐ As a research scientist

1.1.2 Applicant name *

Title First Name Last Name

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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) *

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Must be an email address.

1.1.5 Have you previously received a Barry Marshall Travel Award? *

- ☐ Yes ☐ No

1.1.6 In what year was that award held? *

1.2 Student details

1.2.1 What research degree are you enrolled in? *

- ☐ Masters
☐ PhD
☐ Other:

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 your enrolment in that program *

1.2.5 Estimated end date of your enrolment *

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

- ☐ Full-time
☐ Part-time

1.3 Principal Supervisor details

1.3.1 Principal Supervisor's name *

Title First Name Last Name

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1.3.2 Principal Supervisor's position *

1.3.3 Principal Supervisor's primary affiliation *

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Other:

1.3.4 Principal Supervisor's phone number *

Must be an Australian phone number.

1.3.5 Principal Supervisor's email address *

Must be an email address.

1.4 Researcher details

1.4.1 Your employing organisation through which conference participation has been arranged *

Other:

1.4.2 Your current position title *

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

- | | |
|---|--|
| ☐ Curtin University | ☐ East Metropolitan Health Service |
| ☐ Edith Cowan University | ☐ North Metropolitan Health Service |
| ☐ Murdoch University | ☐ WA Country Health Service |
| ☐ University of Notre Dame Australia | ☐ PathWest |
| ☐ University of Western Australia | ☐ Other: <input type="text"/> |
| ☐ South Metropolitan Health Service | ☐ No other affiliation |

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

1.4.5 When was your HDR conferred?

Month of HDR conferral

Year of HDR conferral

Choose from the available options

Enter year in format YYYY

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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 experience and current project

1.5.1 Briefly describe your research experience to date *

Word count:

Must be no more than 150 words.

1.5.2 In lay language, provide a brief summary of your research project and its significance *

Word count:

Must be no more than 100 words.

1.5.3 With which Western Australian Public Health Service Provider (or Public-Private Partnership provider) is your project connected? *

1.5.4 Explain how your research is being undertaken at, or is connected to, the WA Public Health Service Provider (or PPP) selected above *

Word count:

Must be no more than 100 words.

Activity Details

** indicates a required field*

2.1 Travel approval

2.1.1 Attach the official approval to travel from your organisation below

This refers to the formal travel approval required by your employing (if applying as a health professional/clinician researcher/research scientist) or enrolling (if applying as a HDR student) institution under their travel policies and procedures.

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For more information about what this may entail, please refer to the '**Application requirements**' section of the round [guidelines](#).

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Attach a file:

2.1.2 Start date of travel (i.e. when do you begin your journey) *

Must be a date.

2.1.3 End date of travel (i.e. when do 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 *

2.2.3 Please provide the URL to the 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.

2.2.5 End date of your attendance at the conference *

Must be a date.

2.2.6 Which active participation role(s) will 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 abstract(s) submitted to the conference organiser *

Attach a file:

2.2.9 Has this research previously been presented at a conference? *

☐ Yes

☐ No

2.2.10 Provide details below of all previous presentations of this research, including the conference name, date and location as well as the nature of that presentation (e.g. poster, oral presentation). *

Word count:

Must be no more than 100 words.

2.3 Activity & Impact

2.3.1 Justify i) the merit/standing of this conference in your field of study, and ii) outline any opportunities for networking/collaboration activities you will undertake in addition to conference participation. *

Word count:

Must be no more than 200 words.

2.3.2 If you are undertaking any additional activities outside of the conference program, please upload supporting evidence for those activities below, e.g. if you are visiting a collaborator, provide an email from the host confirming support for your visit.

Attach a file:

2.3.3 Describe i) the active participation role you are undertaking at the conference, ii) its suitability and significance for your career stage, and iii) anticipated outcomes and benefits for your future research. *

Word count:

Must be no more than 200 words.

2.3.4 Explain how conference participation will enhance the relevance and potential benefit of your research program for i) patients and consumers of WA healthcare services and ii) for Western Australia more broadly. *

Word count:

Must be no more than 200 words.

Budget and Financial Support

* indicates a required field

When completing the following questions, please be reminded that:

- **All eligible expenditures** arising from your conference participation must be listed, including those that may have been partially covered by other sources of travel support and/or personal funds.
- The costs reported should align with the information provided on the official travel approval (if applicable) and **must** be accompanied by a quote, screenshot, receipt, or invoice verifying the cost.
- Costs that are insufficiently evidenced or explained, or that are incongruous with the described travel may be removed from consideration.
- Applicants must have followed relevant University/Health Service travel policy guidelines when making bookings.

3.1 Before continuing, please indicate which of the following eligible costs apply to your conference travel (choose ALL that apply) *

- ☐ Conference registration
- ☐ Economy flights to/from the conference location (or nearest points of arrival/departure)
- ☐ Accommodation for the official conference dates

At least 1 choice must be selected.

3.2 Conference registration cost

Provide the details of your conference registration cost below, including any additional details needed to understand the value indicated at 3.2.3, such as type of registration, conversion rate to AUD (where applicable) and any discounts applied.

Only ONE conference registration may be listed.

3.2.1 Registration type and details 3.2.2 Upload an invoice, quote or receipt for the conference registration 3.2.3 Conference registration cost (AUD)

e.g. Student registration with 50% discount applied as invited speaker and converted from USD to AUD (USD\$1 = AUD \$1.50)	A maximum of 1 file may be attached.	

3.3 Flight costs

Please provide the details below of all economy flights associated with travel to/from the conference location (or nearest points of arrival/departure), including any additional information needed for us to understand your travel circumstances (e.g. one-way flight only due to personal travel following conference).

Rows can be added or removed as needed.

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3.3.1 Flight details

3.3.2 Upload an invoice, quote or receipt for the selected flight(s)

3.3.3 Flight cost (AUD)

e.g. Return economy flight Perth to Adelaide, one-way only due to personal travel following conference.	File uploaded MUST indicate the selected flight(s). A list of possible flights is not acceptable.	

3.4 Accommodation costs

Accommodation costs can be claimed for the official conference dates.

Please provide the details below of your accommodation costs, including any information needed to understand the evidence attached at 3.4.2 and how you arrived at the cost given at 3.4.3. For example, cost per night, dates of stay, currency conversion or explanation of split/shared costs.

3.4.1 Accommodation details

3.4.2 Upload an invoice, quote or receipt for the selected accommodation

3.4.3 Accommodation cost (AUD)

e.g. Apartment for 3 nights shared with colleague (31/03/2026-02/04/2026), AUD \$300 p.n. = AUD\$450 total	File uploaded MUST indicate your chosen accommodation and its cost. A list of possible accommodation options or estimated range of pricing is not acceptable.	

3.5 All other funding contributed towards this activity

Please list below **all other funds** that have or will be used towards the eligible expenses incurred for conference participation indicated above, including other travel grants awarded, professional development allowances, funds from internal accounts and any funds you may be contributing personally to make up a shortfall.

3.5.1 Source

3.5.2 Value of contribution (AUD)

Other:	

3.6 Budget summary (automatically calculated)

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

The amount at 3.6.3 *Funding requested* **must not** exceed the maximum funding available from this scheme (\$2,500).

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3.6.1 Total cost of activity

\$

This number/amount is calculated.

Sum of all costs entered at 3.2, 3.3 and 3.4

3.6.2 Total value of other funds contributed

\$

This number/amount is calculated.

Sum of all funds entered in 3.5

3.6.3 Funding requested

\$

This number/amount is calculated.

Total cost of activity (3.6.1) minus other funds contributed (3.6.2).

WARNING

The funding requested at 3.6.3 exceeds \$2,500, which is the maximum funding available from this scheme.

Please ensure all other funds used towards the costs of this activity have been included at 3.5.

Applicant Declaration

* indicates a required field

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4.1 Declaration

In submitting this form:

- I certify that to the best of my knowledge that all information and responses in this application are true.
- I understand the eligibility requirements of this competitive grant round as described in the [Guidelines](#), and acknowledge my application may be ruled ineligible if it breaches any such requirements.
- I have obtained the consent of all other named individuals to be included in this application.
- I agree to THRF Group collecting, using and disclosing personal information provided in this application in accordance with its Privacy Policy and have notified the other individuals in the application of that Privacy Policy.
- I understand and agree that summary details of my application will be provided to Business Events Perth to aid efforts to attract international events to Western Australia.
- I understand that, if successful in receiving a travel award, Business Events Perth may contact me regarding promotion of the award and/or sharing my post-travel report content in their materials.

2026 - THRF Group - Barry Marshall Travel Awards - v1.0

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- I understand that, 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 official travel approval form (or similar). Funds will not be provided to private accounts and can't be claimed directly from THRF Group.

4.1.1 Applicant's full name *

4.1.2 Date of application submission *

Must be a date.

4.1.3 Business Events Perth would like to contact all applicants (successful* and unsuccessful) about the potential for hosting future conferences in Western Australia and the support available (no obligation). Please check the box below if you wish to opt out of being contacted for this purpose.

☐ I do not wish to be contacted by Business Events Perth about the potential for future conferences.

*If you are successful, Business Events Perth may still contact you regarding communicating your award and/or sharing your post-travel report content in their materials.

4.1.4 (Optional) Do you have any comments or feedback on the application process that you wish to share with us?