THRFG-KTD Nancy Douglas-Irving OAM Scholarship - 2026/27 - v1.0

Form Preview

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 As the Applicant, I confirm that at time of this application and for the duration of the travel period, I am (please check all that apply): *

☐ Currently employed in a full-time or part-time capacity within the CALHN Renal Service.

☐ Currently conducting or supporting a CALHN Renal Service-associated research or healthcare improvement project investigating an identified clinical practice, workforce or health service issue that, if addressed, will lead to clearly defined and achievable outcomes for the Renal Service, renal consumers, and stakeholders.

1.1.2 Applicant name *

Title | First Name | Last Name

1.4.2 Applicant's current position title *

1.1.3 Applicant's preferred phone number *

Must be an Australian phone number.

1.1.4 Applicant's email address *

Must be an email address.

1.2 Research and research experience

1.2.1 Provide a brief summary of your current research and research experience, including its aims and objectives, below. *

Word count:

Must be no more than 350 words.

1.2.2 If you have one, please provide the link to a publicly available online profile detailing your research outputs to date (e.g. researcher/staff profile, Google Scholar, Scopus or similar listing).

Activity Details

* indicates a required field

2.1 Reason for funding request

2.1.1 What type of activity will you participate in? Please tick all that apply. *

☐ In-person attendance at a national or international meeting or conference for the purposes of giving an oral or poster presentation
☐ Virtual attendance at a national or international meeting or conference for the purposes of giving an oral or poster presentation
☐ In-person attendance at a national or international meeting or conference as an active member of the conference organisation committee
☐ Virtual attendance at a national or international meeting or conference as an active member of the conference organisation committee
☐ Undertaking a study tour (in person) for the purposes of developing clinical leadership and/or exploring clinical best practice

2.1.2 Attach the official approval to travel from your organisation below

This must be the relevant official approval to travel from SA Health/CALHN as the employing organisation of the applicant. Requirements differ depending on circumstance, so please seek advice from your institution about how to obtain the appropriate approval under their travel policies and procedures.

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) *

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.

2.2.5 End date of your attendance at the conference *

Must be a date.

2.2.6 Which active participation role(s) are you undertaking at the conference? *

☐ Oral presentation
☐ Poster presentation
☐ Active member of the conference organisation committee

At least 1 choice must be selected.

2.2.7 Upload written confirmation from the event organisers that you have been granted the oral/poster presentation indicated above *

Attach a file:

2.2.8 Upload a copy of the accepted abstract for the oral/poster presentation *

Attach a file:

2.2.9 Provide evidence of your active role in the organising committee, (e.g. a screenshot of the conference webpage, conference program showing committee membership) *

Attach a file:

2.3 Study tour details

Please provide the details of your study tour below, including evidence that your visit is supported by the host organisation (e.g. confirmation email or letter from a key contact is acceptable).

Add rows as required for multiple hosts/locations.

2.3.1 Name of the host organisation/provider	Location of activity	Start date of visit/activity	End date of visit/activity	Description of activity to be undertaken	Upload confirmation from host
	Include country if outside Australia	Must be a date.	Must be a date.		

2.4 Expected benefits and outcomes

The Nancy Douglas-Irving Scholarship aims to build the clinical leadership capacity and capability of nurses, and to support innovative practice change and quality improvement initiatives that are embedded in person-centred care across areas of identified priority within the CALHN Renal Service.

2.4.1 Describe the expected outcomes and benefits from the proposed activity for the applicant and CALHN Renal Service *

Word count:
Must be no more than 500 words.

2.4.2 Describe to what extent consumers are to be involved in your study tour and, as applicable, outline your plans for consumer engagement with reference to the design, objectives, implementation and/or evaluation of service enhancements arising.

If the study tour has a focus on Aboriginal people, please include in your answer a description of how the principles of the South Australian Aboriginal Health Research Accord 2026-2036 have been addressed.

As noted in the guidelines, for the purposes of this round consumers may also include clinical staff as “end-users” of enhanced service delivery.

*

Word count:
Must be no more than 500 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 institution through which travel was arranged and as indicated on the official travel approval. Funds will not be provided to private accounts and can't be claimed directly from THRFG.

3.1 Activity participation costs

List below **all eligible expenditures** arising from your participation in the conference or study tour. The amounts requested should align with the information provided on your travel approval (where applicable) and the invoices/receipts provided below.

Grant funds are intended to fund conference registration, economy flights and accommodation but are **not** intended to fund per diems, visas, travel insurance, transfers, meals, entertainment, memberships or any costs associated with private travel undertaken in conjunction with the conference/study tour travel.

Applicants must have followed relevant 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).	Please note that your own estimations, cost ranges or links to search engines will not be acceptable as evidence.	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.

If no other funds are being contributed, please choose 'No other funds are being contributed' at 3.2.1 and indicate $0 at 3.2.2.

Do not include the amount requested from THRFG-KTD here. This should be entered at 3.3.

3.2.1 Source	3.2.2 Value of contribution (AUD)

3.3 Funds requested from THRFG-KTD

The funding requested from this scheme **must not exceed $7,500**.

Total amount requested from this scheme *

Must be a dollar amount and no more than 7500.

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 to access the final page of this application (Applicant Declaration), which must be completed prior to submission.

3.4.1 Total costs of participation	3.4.2 Total value of non-THRFG contributions	3.4.3 Amount requested from THRFG-KTD	3.4.4 Balance checker
$	$		*
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 balance to within $1 to proceed with submission

Applicant Declaration

* indicates a required field

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4.1 Use of Generative Artificial Intelligence (GenAI)

4.1.1 Was GenAI used in the preparation or development of any content to be submitted at part of this proposal? *

○ Yes ○ No

4.1.2 Please declare all GenAI tools used in preparation of this proposal and the nature of their use (e.g. to check grammar)

Word count:
Must be no more than 100 words.

4.2 Applicant Declaration

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

4.2.1 Applicant's full name *

4.2.2 Date of application submission *

Must be a date.