THRFG-KTD CNARTS - Conference Travel Grants 2026 - 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 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

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
○ 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 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

1.3.2 Supervisor's position title *

1.3.3 Supervisor's primary affiliation *

Other:

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) *

- ☐ Adelaide University
- ☐ Flinders University
- ☐ CALHN (Central Adelaide Local Health Network)
- ☐ NALHN (Northern Adelaide Local Health Network)
- ☐ Rural Support Service or Regional Local Health Network
- ☐ SAHMRI (South Australia Health and Medical Research Institute)
- ☐ SALHN (Southern Adelaide Local Health Network)
- ☐ WCHN (Women's and Children's Health Network)
- ☐ Basil Hetzel Institute
- ☐ Centre for Cancer Biology
- ☐ No other affiliation
- ☐ Other:

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

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 (or healthcare improvement project), including its aims and objectives, below. *

Word count:
Must be no more than 200 words.

1.5.2 If you have one, please 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 Mode of conference participation. Please tick one. *
- ○ Virtual attendance or in person at a conference held locally that did not require travel
- ○ In person, conference held within Australia and requiring travel
- ○ In person, conference held outside Australia and requiring travel

2.1.2 Attach the official approval to travel from your organisation below

This refers to the formal travel approval required by SA Health (if applying as a CNARTS employee) or enrolling institution (if applying as a student) under their travel policies and procedures. 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) 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 THRFG.

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, accommodation, and conference registration only.

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.

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 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 THRFG-KTD

The funding requested from this scheme, **must not exceed $1,000** 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 1000.

3.3 Funds requested from THRFG-KTD

The funding requested from this scheme, **must not exceed $3,000** 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 3000.

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
$	$		*
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 50 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.