

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): *

- ☐ an allied health or nursing professional registered with the Australian Health Practitioner Regulation Agency (AHPRA).
- ☐ employed by/delivering end-of-life care services through a South Australian-based Aboriginal Community Controlled Health Organisation (ACCHO).

At least 1 choice must be selected.

1.1.2 Applicant name *

Title First Name Last Name

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1.1.3 Applicant's current position title *

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1.1.4 Applicant's preferred phone number *

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Must be an Australian phone number.

1.1.5 Applicant's preferred email address *

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Must be an email address.

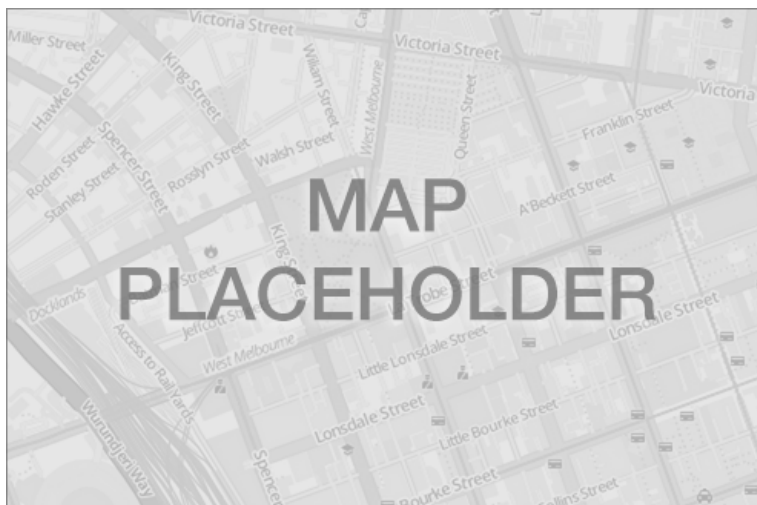
1.1.6 Name of applicant's employing/base palliative care service *

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Please include organisation and/or hospital/location and department, where relevant, avoiding acronyms.

1.1.7 Primary base of service operation. If street address unavailable, refer to hint text for further instruction. *

Address



Full street address preferred, if available. Pin may be moved to approximate location if street address not available. Alternatively, enter the name of the nearest town.

1.1.8 Rural, regional and remote (Modified Monash Model 2-7) catchment areas where palliative care service is provided. Please check all that apply. *

- | | | |
|--|---|---|
| ☐ Adelaide Hills | ☐ Gawler - Two Wells | ☐ Murray and Mallee |
| ☐ Barossa | ☐ Limestone Coast | ☐ Onkaparinga |
| ☐ Eyre Peninsula and South West | ☐ Lower North | ☐ Outback - North and East |
| ☐ Fleurieu - Kangaroo Island | ☐ Mid North | ☐ Yorke Peninsula |

At least 1 choice must be selected.

Please use the [workforce locator](#) to view the specific catchment areas covered above.

Supporting Statements

* indicates a required field

2.1 Letter of support

Attach a letter from your line manager or unit head indicating their support for your conference attendance *

Attach a file:

2.2 Expected benefits and outcomes

The THRF Palliative Care Conference Support Grant aims to build the clinical development and leadership capabilities of the attendees, and to encourage innovative practice change and person-centred quality improvement initiatives for palliative care services in the regions.

In the text below, and with reference to the Assessment Criteria provided in the [Guidelines](#), describe the expected outcomes from conference attendance for the applicant and the palliative care service in which they operate.

Use the sub-headings:

- Benefit and significance to rural, regional and remote palliative care services in South Australia; and
- Applicant development

*

Word count:
Must be no more than 500 words.

Budget and Financial Support

Please note: For successful requests, funds can either be provided to the employing organisation if conference registration and travel was arranged via that organisation or to the applicant via direct reimbursement where they personally incurred costs. It is expected to take approximately 4-6 weeks following notification of outcomes for funds to be paid/ reimbursed, and alternative funds must be available to secure bookings in the meantime.

3.1 Activity participation costs

List below **all eligible expenditures** arising from your participation in the conference.

Eligible expenditures include conference registration, economy flights or other transportation costs to and from Adelaide, accommodation for the official conference dates, and travel insurance (where required - refer to guidelines for conditions).

Funds may **not** be requested for per diems, airport or hotel transfers, meals, entertainment or memberships, any costs associated with private travel undertaken in conjunction with the conference travel, or to reimburse expenditures made using points from loyalty programs.

The application must list all eligible expenditures associated with undertaking the activity. Each cost included must be evidenced by a quote, receipt or invoice in AUD including GST. The applicant’s own estimations, cost ranges or links to search engines are **not** acceptable evidence.

Applicants must have followed any relevant travel policies or procedures if and as required by their employer 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\$ including GST)
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	HINT: Please provide details about the item (e.g. number of nights accomodation, location, point of departure/ arrival) AND any further information	Ensure the GST amount or %, if applicable, is clearly indicated on the invoice, quote or receipt	MUST be provided in Australian dollars and GST inclusive.
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	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).		
			\$

3.2 Source of funds used to secure bookings

If your application is successful, THRFG will reimburse the appropriate parties for funds provided to make/secure your bookings.

Below, please provide the details of **all funds** used (or to be used) towards securing these bookings and indicate their source.

Amount of funds (including GST) requested from THRFG for reimbursement to each source should also be provided.

3.2.1 Source	3.2.2 Value of contribution from source (AUD\$)	3.2.3 Value of reimbursement to this source sought from THRFG (AUD\$)
		Must be a dollar amount and at least 0.

3.3 Budget summary (auto-calculated)

The summary below is automatically calculated from the information provided above. In order to access the next page of this application, the following conditions must be met:

- Total costs of travel listed in 3.1 and funding indicated in 3.2 **must** balance out (to within \$1)
- Total funds reimbursement requested from THRFG **must not** exceed \$3,000

3.3.1 Total cost of activity \$ This number/amount is calculated. Sum of all funds entered in 3.1	3.3.2 Total funds used to secure bookings \$ This number/amount is calculated. Sum of all funds entered in 3.2.2	3.3.3 Balance checker (max. \$1) This number/amount is calculated. MUST equal <\$1	3.3.4 Total funds reimbursement requested from THRFG (max. \$3,000) This number/amount is calculated. Sum of all funds entered in 3.2.3
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WARNING: One or more of the values calculated above is preventing access to the final page of this application form, which must be completed prior to submission.

Please check the values provided in sections 3.1-3.2 and ensure the calculated budget summary meets the conditions outlined at 3.3 to continue.

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 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.