



New Zealand and Australia Society of Renal Dialysis Practice Inc. (NZASRDP)

Education Grant Application form

Applicant's name: _____

Address: _____

Telephone number: _____ Mobile: _____

Email address: _____

NZASRDP Reg. No: _____

Place of employment: _____

Current position: _____

Details of the educational activity you wish to request funding for including expenses, conference or course title (where applicable):

Outline the intended benefits/objectives of attending this educational activity:

Have you requested other financial support? (If yes, please provide details) Yes No

If attending a conference or symposium, are you presenting a paper? (If yes, please provide details including evidence for abstract acceptance) Yes No

Declaration:

I agree to provide original Tax Invoices for expenses incurred by me for the approved educational activity and bank details for direct credit of approved funding.

I declare that all the information submitted in this application is true and correct.

Applicant's signature : _____ Date: _____

Sign off by Professional Leader/Manager:

Name & Signature of Professional Leader/Manager: _____

Contact details for Professional Leader/Manager: _____

Completed applications with accompanying documentation to be forwarded by email or post to:

New Zealand & Australia Society of Renal Dialysis Practice

North Shore Hospital Private Bag 93503 Takapuna
p: 09 440 6973 | m: 021 307 405 | f: 09 442 3218
Attn: Balaji Jagannathan, Chairman
admin@nazsrdp.com

OFFICE USE ONLY:

Date application received:	Application Assessed by:	Date & Signature
	1.	
	2.	
Funding Approved YES/NO	Remarks:	