# Kearton Conference Grant 2024 Form Preview

### **General Information**

\* indicates a required field

#### **Kearton Conference Grant**

#### Introduction

This grant is open to Royal Melbourne Hospital staff for the purposes of presenting their RMH research at conferences nationally and internationally.

Three rounds of funding will be held annually and in each round two domestic travel grants, valued at up to \$1500 each, and one international travel grant, valued at up to \$4000, will be awarded.

#### **Before Applying**

Before starting your application online for this grant round, please ensure that you have read the following documents which can be downloaded from the Royal Melbourne Hospital Kearton Conference Grant web page:

• Kearton Conference Grant Guidelines

To complete the application, you need copies of the following documentation:

- Copy of your Abstract(s)
- Certified copy of the Certification Form
- Registration confirmation

And if already notified:

• Invitation to present (incl. poster acceptance) -

If you have any questions then please contact the Office for Research at ResEndeavours@mh.org.au or on 9342 7950.

### **Applicant Details**

Name *	Title	First Name	Last Name
Phone Number *			
Email Address *			
RMH (MH) Employee ID *	You must be	a RMH employee to be eli	gible for this award
Department *			
Current Appointments			

## **Kearton Conference Grant 2024**

## Form Preview

Please list **all** your current appointments, including position, classification, organisation and EFT

O	D!#!				
<b>Organisation</b>	Position	Classification	EFT		
		Provide your employment classification			
Conference De	tails				
* indicates a required	d field				
Proposed Itinera	ry				
Destination *					
	Ir	nclude town, state and country			
Departure Date *					
	С	Date of Departure from Melbourne			
Return Date *					
		Date of Return to Melbourne			
Indicate whether the conference at which you are presenting is held within Australia or overseas *  Conference is being held within Australia Conference is being held overseas					
Conference Name	<b>k</b>				
Conference Organi	ser				
Location *					

Official Conference Website Address (URL) \*

Must be a URL.

This will be the webpage through which you will have submitted your abstract and registered

# **Kearton Conference Grant 2024**

Form Preview

Official Conference Start Date *
Conferences Commencing: Round 1: February, March, April and May; Round 2: June, July, August & September; Round 3: October, November, December & the following January
Conference End Date *
Summary of Activity
Abstract Title(s) *
Summarise the activity for which funding is sought *
What type of presentation; eg invited speaker; poster presentation; oral presentation accepted (Max 200 words)
Abstract Authorship  O First Author
Last Author
Indicate whether you are the First or Last Author of the submitted abstract
Abstract and Acceptance Documentation
Upload a copy of the following documents in a single PDF:
<ul> <li>The abstract submitted to the conference for consideration;</li> <li>Confirmation of abstract acceptance for presentation naming you as the Presenting Author from the Conference organisers; and</li> <li>Registration confirmation.</li> </ul>
Applications submitted without the confirmation of abstract acceptance and registration confirmation will be considered for funding. If the application is successful, funding will be withheld until proof of abstract acceptance has been provided to the OFR as stipulated in the Eligibility section in the Kearton Conference Grant Guidelines.
Upload a single PDF *

## Certification

Attach a file:

\* indicates a required field

**Applicant Certification** 

A maximum of 1 file may be attached.

# Kearton Conference Grant 2024 Form Preview

I certify that: *	☐ I am the presenting author (poster or oral) ☐ to the best of my knowledge all information provided in the application is correct at the time of submission; ☐ if successful, the conditions that govern this grant will be accepted ☐ if successful, I undertake to complete the activities as detailed in the application; ☐ if successful, all organisational approvals will be obtained prior to the commencement of the award ☐ if successful, I understand that the grant awarded may need to be varied to comply with changes to RMH's policy and procedures relating to work-related travel					
Name *	First Name	Last Name				
Date *	Must be a date.					
Obtaining Head of Department Certification						
Instructions:						
The Applicant must complete all sections of the application, including the Applicant Certification.						
<ol> <li>Download a PDF of the completed and applicant certified Application.</li> <li>Download the <u>Certification Form</u> and complete the Application Details section.</li> <li>Provide the PDF of the Application and the Certification form to the appropriate delegate for sign off.</li> <li>Once the Certification form has been signed, scan and attach it below.</li> </ol>						
Attach Certification Form *	Attach a file:					