# Kearton Conference Grant 2026
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, please contact the Office for Research at ResEndeavours@mh.org.au or on (03) 9342 8530.

### Applicant Details

**Name** *

Title | First Name | Last Name

**Phone Number** *

**Email Address** *

**RMH (MH) Employee ID** *

You must be a RMH employee to be eligible for this award

**Department** *

### Current Appointments

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

| Organisation | Position | Classification | EFT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Provide your employment classification | |

## Conference Details

* indicates a required field

### Proposed Itinerary

**Destination** *

Include town, state and country

**Departure Date** *

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** *

**Conference Organiser**

**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

**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**

○ 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:

- The abstract submitted to the conference for consideration;
- Confirmation of abstract acceptance for presentation naming you as the Presenting Author from the Conference organisers; and
- Registration confirmation.

**Applications submitted without the confirmation of abstract acceptance and registration confirmation will still 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 of Abstract and if confirmed Evidence of Acceptance** *
Attach a file:

A maximum of 1 file may be attached.

## Certification

* indicates a required field

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## Applicant Certification

**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.

1. Download a PDF of the completed and applicant certified Application.
2. Download the Certification Form and complete the Application Details section.
3. Provide the PDF of the Application and the Certification form to the appropriate delegate for sign off.
4. Once the Certification form has been signed, scan and attach it below.

**Attach Certification Form** *

Attach a file: