Centre for Primary Health Care & Equity

Application for CPHCE Discretionary Funding

Date:

Name:

Project the activity is relevant to:

Please fill in all the fields below which are relevant to your funding request:

|  |  |
| --- | --- |
| If you are applying for PHHSRSP funding, which code applies? |  |
| Type of activity, eg conference, workshop, publishing, training, travel etc |  |
| Date of activity |  |
| Name of activity |  |
| Where activity will be held, if travelling to activity |  |
| Are you presenting? |  |
| Importance/Benefits to CPHCE of funding this activity |  |
| Please list other successful requests you have made for Discretionary funding in the past 12 months |  |
| Estimated cost – this will be your budget and your approval will only be for this amount or less – so please include all relevant exp, eg flights, accommodation, taxi fares, meals while at the activity if out of Sydney or overnight, photocopying etc |  |
| Other comments |  |

|  |  |
| --- | --- |
| Supervisor’s Signature |  |
| Date |  |

Please return to Terry Findlay via email

|  |  |
| --- | --- |
| Final Approval |  |
| Date |  |
| Funding from |  |

Discretionary funding is very limited and can only be considered if your project does not have funds to support the activity.