Centre for Primary Health Care & Equity

Application for funding pre-approval to travel and attend conferences and training, publish online etc

Date:

Name:

Project the activity is relevant to:

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

|  |  |
| --- | --- |
| Type of activity, eg conference, workshop, publishing, training, travel etc |  |
| Date/s of activity if applicable |  |
| Name of activity |  |
| Where activity will be held, ie venue & city |  |
| Are you presenting? |  |
| Importance/Benefits to CPHCE of funding this activity |  |
| Please list other successful requests you have made for Discretionary funding in the current financial year – 1 January to 31 December |  |
| 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 |  |

**Approval of Supervisor**

If you are seeking funding from a project **you are paid from**, please ask your supervisor to sign and then go ahead with your bookings etc. A copy of this form must be given to Sarah/Mary, together with your tax invoices etc for attachment to the credit card reconciliation if you are requesting approval to attend a conference or attend training.

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

If you are seeking funding from a CPHCE Discretionary source, please return this form, signed by your supervisor, to Freddy Sitas – [f.sitas@unsw.edu.au](mailto:f.sitas@unsw.edu.au) for discussion at the next Directors’ meeting.

|  |  |
| --- | --- |
| 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.