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**Sponsorship Application Form for Northern Territory Aboriginal & Torres Strait Islander delegates to attend the 19th Chronic Disease Network Conference**

**APPLICATIONS CLOSE 30th JUNE 2015 - No late applications will be accepted**

**Incomplete applications will not be considered for sponsorship funding**

**SECTION ONE: APPLICANT - DETAILS & ELIGIBILITY**

|  |  |
| --- | --- |
| Name |  |
| Position/Job Title |  |
| Organisation |  |
| Postal Address |  |
| State/Postcode |  |
| Email address |  |
| Manager’s email  |  |
| Telephone number |  |
| Mobile number |  | Manager’s phone number |  |

**Sponsorships will be allocated based on applicants meeting the selection criteria below and also on the strength of their application. Each application will be considered individually.**

**Please tick (√) all of the following which apply to you:**

* I live and work in the Northern Territory.
* I have approval from my Manager to attend the conference if I am sponsored.
* I am of Aboriginal or Torres Strait Islander descent.
* I am presenting a session / workshop / poster at the conference.
* I am attending the conference as a participant.
* I work at a health service/program funded by the Northern Territory Government.
* I work at an Aboriginal or Torres Strait Islander service or organisation (e.g. a health service or a community-controlled organisation).
* I either work or live in a rural or remote area.
* I work providing a service directly to clients.
* I am studying health / education / welfare.

Have you received funding to attend the CDN Conference before?

YES Which Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

Have you tried to get funding to attend the conference from any other source?

YES NO

IF YES, Were you successful?

YES NO

Who did you apply to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you apply for? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION TWO: DISCUSSION**

Please answer the following questions:

1. Describe what you do in your job and how it relates to Chronic Conditions and Health Promotion (Maximum 150 words)
2. Why you are interested in attending this conference? (Maximum 150 words)
3. How will you use this experience to improve Chronic Conditions and Health promotion in your community? (Maximum150 words)

**SECTION THREE: SPONSORSHIP FINANCIAL DETAILS**

|  |  |
| --- | --- |
| **SPONSORSHIP INCLUDES:** | **SPONSORSHIP DOES NOT INCLUDE:** |
| * Conference registration fees
 | * Meals (apart from conference catering)
 |
|  | * Accommodation
 |
|  | * Social events associated with the conference
 |
|  | * Travel costs
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Conference Registration Fee** | 1 day ($300) | 2 days ($600) | Student ($550) |

***If your application is successful:***

* ***you will receive an email confirming the amount of sponsorship granted to you by 10th July 2015***
* ***Please ensure you are available to attend the Conference***

**SECTION FOUR: APPLICANTS AND MANAGERS AGREEMENT**

I understand and agree to the terms and conditions of this application for sponsorship.

Name of applicant: Signed:

Dated:

I support the above applicant to attend the 19th Annual CDN Conference in Darwin 24-25 September, 2015. I am aware that this sponsorship only covers applicant’s registration fees. Travel and accommodation arrangements will be made and paid for by either the applicant or work unit.

Name of Manager: Signed:

Dated:

|  |  |
| --- | --- |
| **CHECKLIST FOR COMPLETED APPLICATION** | **RETURN COMPLETED APPLICATION FORMS TO:** |
| * Completed all 4 sections of the form.
* Manger has signed form indicating they approve your attendance at the conference and if required will support travel and accommodation costs.
 | **By 30 June 2015****No late or incomplete applications will be accepted****Email: chronicdiseasesnetwork@nt.gov.au** **ANY QUESTIONS?** Phone: (08) 8985 8173 |