

## Gippsland Regional Integrated Cancer Service (GRICS) Scholarship Program Application Form

Title:	First Name:	Last Name:
Address:		
		Post Code:
Phone:	Mobile:	Work:
Email Address:		

Have you received a GRICS Scholarship in the past:      Yes       No

If yes, what year: \_\_\_\_\_      Amount Approved: \$ \_\_\_\_\_

Activity Approved: \_\_\_\_\_

Current Employment: Position: \_\_\_\_\_ Department: \_\_\_\_\_

Health Service: \_\_\_\_\_

Activity you require funding for:      Conference       Education/Training       Mentoring

Amount:      Up to \$3000 (Individual Development)       Up to \$4000 (Group Development Only)

**Applications must align with the GRICS Scholarship Guidelines**

1. Provide a brief description of proposed activity type, date & location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Provide three key learning objectives regarding this activity and how they relate to cancer care:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Organisation Declaration of Support

(Health Professional Applicants Only)

I, \_\_\_\_\_ support the applicant \_\_\_\_\_

in seeking funding from the GRICS Scholarship Program.

The applicant will be supported by (name of health service) \_\_\_\_\_

for the required absence from their workplace to complete the activity.

Full Name:	Phone:
Position:	
Signature:	Date:

## Applicant Agreement

I have read and understand the guidelines for this application and in the event that I am granted a scholarship, I agree to participate in activities required including:

- Reflection of the GRICS strategic goals:
  - A networked cancer care system
  - High quality cancer care
  - A research informed cancer care system
- Submission of a brief report on the activity, a statement of expenses detailing how the scholarship was spent (including receipts) and the completed scholarship evaluation form.  
These are all required, within one month from completion of the activity and no later than 30th June. .

Name:	Signature:	Date:
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Completed applications can be submitted to GRICS at PO Box 424 Traralgon 3844  
or via email: [gricswebsite@lrh.com.au](mailto:gricswebsite@lrh.com.au)

**Applications for the GRICS Scholarship Program will be accepted up until COB 31<sup>st</sup> May each financial year or allocation of funding is exhausted.**

### SUPPLEMENTARY INFORMATION

Please provide copies of all documentation (for example conference overview, course outline) and any other information that will support your application.

A letter of support **must** be included for all mentoring applications.