



Members Clinical Meeting Sponsorship

Purpose

The Society provides financial assistance up to \$500.00 for 4 members to attend a SHSQ clinical education meeting (including the AGM). Eligible to members outside of South East Queensland

Assessment and eligibility criteria:

Applicants must address the following criteria. The decision of the SHSQ committee on the allocation of funds is final. No correspondence will be entered into.

1. Minimum two-year financial membership of the Queensland Sexual Health Society
2. Financial assistance from any other source(s) must be declared.
3. Estimated travel costs by the least expensive appropriate means must be provided
4. Applicants will be required to attest to the accuracy of their application for the sponsorship and have their supervisor sign their form.
5. The applicant must notify the secretary of any changes to their circumstances (e.g. funding received from another source after application to the SHSQ)
6. Committee members of the SHSQ are eligible to apply for funding however they will be not be eligible to participate in any decision-making activities associated with the allocation of funds.
7. Applicants found to submit false or misleading applications will be referred to the Executive Committee and will be ineligible for subsequent assistance and possible expulsion from the SHSQ.

Conditions of funding:

Four sponsorships are available per year and limited to one per member per year.

How to apply

Complete the Application Form and or email it to shsqueensland@gmail.com

Payment:

Electronic Bank Transfer will be made to the successful recipient when the society receives the original receipts for registration and or airfares.

First name: _____ Surname: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Employer: _____



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Workplace: _____

Position: _____

Dates attending education meeting: ___ / ___ / ___ Have you registered? Yes No

Are you receiving any other financial assistance to attend the meeting from your workplace or other source? Yes No

If yes declare source of funding and amount

Airfare: \$ _____ Accommodation \$ _____ Details _____

Please attach photocopies of receipts (if applicable.)

I hereby agree to abide by the sponsorship guidelines as determined by the Sexual Health Society of Queensland Committee. I am a current financial member of the Society and have been so for _____. (Insert length of membership) and declare that I am receiving no financial assistance through the workplace or from other sources to attend this meeting

I acknowledge that the committee’s decision is final, and no correspondence will be entered into regarding the decision.

Signed: _____

Date: ___ / ___ / ___