

7-ICAWA

-Application for ICAWA Financial Assistance-

Allocation of Funds

The ICAWA Executive Committee will administer a fund to provide financial assistance to Ordinary members to:

- Attend state, national or international seminars/conferences.
- Attend infection control courses.
- Purchase educational material relevant to infection control.

The amount of assistance allocated each year will depend upon the financial status of the Association and will be determined by the Executive.

Applications

Application forms are available from, and should be returned to the Secretary, ICAWA, together with details of the seminar/conference, course or educational material. Applications should be submitted at least three months in advance, but longer notice would be appreciated to enable budgetary planning.

Selection Criteria

- The following application conditions apply:
- Twelve months' prior membership of ICAWA.
- Intention to continue ICAWA membership and the practice of infection control for at least a further two years.
- Seminar/conference, course or educational material is relevant to infection control practice.
- The Member has not received \$1000 or more from ICAWA in the previous five years. NB: Provision is made for the President (or proxy) to attend the national conference each year as an official representative from WA. This will not bias their right to apply for other financial assistance.
- The above exemption provision may also extend to other Members where the allocation of financial assistance is offered to encourage ICAWA Members to attend and support the biennial AICA national conference.
- Commitment by the Member to share information gained with colleagues in the workplace and ICAWA. This can be achieved by a written report for the Association Newsletter or a verbal presentation at an ICAWA meeting.
- The Members should have had active involvement in ICAWA through, for example, attendance at meetings, newsletter input, participation on committees or at conference or seminars.

I hereby acknowledge that I have read and comply with the above selection criteria.

Signed Date/...../.....

The ICAWA Executive Committee reserves the right to award part financial assistance based on special circumstances outside the above criteria.

ICAWA

-ICAWA Conference and Financial Information-

Surname: First name:

Address:

..... Postcode:

Workplace: Position:

Telephone: Facsimile:

Infection Control experience: years ICAWA membership: years

Contributions made to ICAWA:

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Details of seminar/conference, course or educational material (attach details)

Title:

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Location:

Are you presenting a paper or poster? Yes No

How will you share information gathered with others?

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.....

Financial assistance requested from ICAWA:

Registration fee: \$ Travel: \$ Accommodation: \$ Other:

Financial assistance sought from other sources:

Source:

Amount: \$

Previous financial assistance from ICAWA:

Purpose: Amount: \$ Year:

Signed: Date:

FOR OFFICE USE ONLY

Date received; Approved: Yes No Date of Approval: