

**FINANCIAL ASSISTANCE FORM**  
**For a Delegate to attend a CONFERENCE, SEMINAR or MEETING**

**Australian College of Operating Room Nurses Ltd**  
*Representing Perioperative Nursing*

PO Box 325 O'Halloran Hill SA 5158  
Telephone: 08 8387 9666 Facsimile: 08 8322 2999 E-mail: acorncompany@senet.com.au

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Title (please circle) Mr Mrs Miss Ms Dr

Name of Applicant: .....

Address: .....

..... Postcode: .....

Telephone: (H) ..... (W) .....

Facsimile: ..... E-mail: .....

Current Practice Area: .....

Please provide details of specific Conference/ Educational opportunity:

.....  
.....  
.....

Breakdown of costs:   Registration: \$.....  
                                  Airfares:     \$.....  
                                  Total:         \$.....

What benefits will this project be to your Perioperative Nursing area?

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.....  
.....  
.....

Have you or will you receive any other financial assistance?   YES / NO

If YES, to what extent?   \$.....

Have you previously received an ACORN grant?   YES / NO   Year.....   Amount.....

I agree to abide by the conditions printed on the reverse of this form.

Your signature: .....

Advice to applicants is printed on the reverse of this form.

**ADVICE TO DELEGATE FINANCIAL ASSISTANCE APPLICANTS**

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- ❖ The amount of financial assistance granted shall be no greater than \$3,000
- ❖ Financial Assistance Grants shall be awarded to an individual no more than every three (3) years
- ❖ The applicant must be a **current active** member of his/her Local Association
- ❖ The applicant must have completed two (2) years membership with a Local Association
- ❖ The application must be ratified by the Secretary of the Local Association
- ❖ Applications must be lodged with the Secretariat by the closing dates advertised in the Journal.
- ❖ Applications must include a copy of the Conference, Seminar or Meeting program with the application.
- ❖ The decision of the board is final and no correspondence will be entered into
- ❖ Successful applicants will be required to submit a printed report of no greater than 1500 words to the ACORN Secretariat within two months of the event. The report must be of a standard suitable for publication in the ACORN Journal (Reports shall be published at the discretion of the editorial committee)
- ❖ If a report is not received within the specified time, the College reserves the right to request return of monies received.

Note: Current, active membership is determined by each Local Association.

Signature of applicant: ..... Date...../...../....

Signature of Secretary of Local Association:  
..... Date...../...../.....

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Received by Secretariat: Date...../...../.....

Financial Assistance awarded: YES NO

Applicant Notified: Date...../...../.....

Report received: YES NO Date...../...../.....

Signature of President..... Date...../...../.....

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