**This form is only for reference, applicants must submit application using CPARF online grant management platform accessible through** [**this link**](https://cerebralpalsy.smartygrants.com.au/)

|  |
| --- |
| **PART A – ELIGIBILITY CHECK** |

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| --- | --- |
| Are you currently employed by Cerebral Palsy Alliance? | Choose an item. |
| Are you working to accelerate progress in the field of cerebral palsy? | Choose an item. |
| What is the main focus of your work in the field of cerebral palsy? | Choose an item. |

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| **PART B – APPLICANT DETAILS** |

**APPLICANT**

|  |  |  |
| --- | --- | --- |
| Applicant Location | Choose an item. |  |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Organisation |  |
| Primary Address |  |
| Primary Phone Number |  |
| Primary Email Address |  |
| Keywords (no more than 3 words for each keyword)*Please provide keyword(s) that best describe this research.**(E.g. stem cells, genetics, technology, pain, prematurity, magnesium sulphate, EPO)* | 1 |  |
| 2 |  |
| 3 |  |
| Applicant 2-page RESUME or Bio-Sketch*Please do not upload more than 2-page resume* |  |

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| **PART C – ACTIVITY DETAILS** |

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| --- | --- | --- |
| Application type | Choose an item. |  |

|  |  |
| --- | --- |
| Application Title |  |
| Start date | *(no earlier than 1 January 2020)* |
| End date |  |
| Location*Location of conference/travel/training* | Choose an item. |  |
| Other International - Countries List*(this question is only applicable if response to the above question is “Other International”)* |  |
|  |

**CONFERENCE DETAILS** (only applicable if application type selected is “conference”)

|  |  |
| --- | --- |
| Are you presenting in the conference | Choose an item. |
| Are you the sole or first author of the presentation? | Choose an item. |
| Proposed outcome of presentation | [ ]  Published paper[ ]  Refereed/Reviewed journal article[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ACTIVITY DETAILS** (for all)

*Responses to questions below will be used for the Research Foundation website and other fundraising materials*

|  |  |
| --- | --- |
| Provide brief summary in lay terms(150 words) | *Provide details of the activity (conference/training/travel) and why this activity is important to you.* |
| Proposed outcome (150 words) | *What is the benefit of this conference/training/travel for you and for people with cerebral palsy?*  |

|  |  |  |
| --- | --- | --- |
| Are you applying for General Movements Assessment training? | Choose an item. |  |
| If yes, please also provide additional information on what proportion of your clients are under 5 months of age and how you will use the General Movements Assessment in your clinical practise.(150 words) |  |

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| --- | --- |
| Upload brochure for conference or training*Maximum 1 file can be attached – do not attach other than the required information* |  |

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| **PART D – BUDGET DETAILS** |

Budget should be based on reasonable estimated expenditure and **all figures should be entered in USD (for applicants based in the United States) or in AUD (for applicants based in Australia or other international locations)**.

Costs covered are research fieldwork, return economy airfares, conference registration, costs towards accommodation and other related ancillary expenses.

|  |  |
| --- | --- |
| What is the **total cost** for **this conference/training/travel**? |  |

Please provide itemised details of the **budget requested** from the Research Foundation of Cerebral Palsy Alliance for this **conference/training/travel**.

|  |  |
| --- | --- |
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|  |  |
| **Total amount requested from CPARF** |  |

|  |
| --- |
| How much support **for this conference/training/travel** is being sought and/or has been received from other sources? *(please do not include support sought and/or received for other purposes than this conference/training/travel)* |
| **Source/Funder** | **Amount** | **Status** |
|  |  | Choose an item. |
|  |  | Choose an item. |