

# Conference, Training & Travel Grant 2019 Application

**This form is only for reference, applicants must submit application using CPARF online grant management platform accessible through [this link](#)**

## PART A – ELIGIBILITY CHECK

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.

## 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) <i>Please provide keyword(s) that best describe this research. (E.g. stem cells, genetics, technology, pain, prematurity, magnesium sulphate, EPO)</i>		1 2 3
Applicant 2-page RESUME or Bio-Sketch <i>Please do not upload more than 2-page resume</i>		

## PART C – ACTIVITY DETAILS

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

### 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.

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Proposed outcome of presentation	<input type="checkbox"/> Published paper <input type="checkbox"/> Refereed/Reviewed journal article <input type="checkbox"/> Other: _____
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## 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)	<i>Provide details of the activity (conference/training/travel) and why this activity is important to you.</i>
Proposed outcome (150 words)	<i>What is the benefit of this conference/training/travel for you and for people with cerebral palsy?</i>

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)		

Upload brochure for conference or training <i>Maximum 1 file can be attached – do not attach other than the required information</i>	
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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 <b>total cost</b> for <b>this conference/training/travel</b> ?	
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Please provide itemised details of the **budget requested** from the Research Foundation of Cerebral Palsy Alliance for this **conference/training/travel**.

<b>Total amount requested from CPARF</b>	

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

REFERENCE