

## GUIDELINES FOR FINANCIAL ASSISTANCE GRANTS

The Australian College of Perioperative Nurses Western Australia (ACORN WA) believes that Perioperative Nurses should be encouraged to further their professional development by undertaking relevant courses, educational projects and attending State and National Conferences. These activities should benefit both the individual and perioperative nursing in Western Australia. This encouragement will be given by making available financial support from ACORN WA funds.

### 1. PURPOSE OF FINANCIAL ASSISTANCE GRANT

The purpose of the financial assistance grant is to enable successful applicants the opportunity to gain further education in an area of interest which is relevant to both the applicant and perioperative nursing.

### 2. ELIGIBILITY FOR THE FINANCIAL ASSISTANCE GRANT

**Grants will be considered and awarded to Registered and Enrolled Nurses who fit the following criteria:**

- a) Be a Full or Honorary Members of ACORN WA and shall have been employed as a perioperative nurse for a period of one (1) year prior to the application for funds.
- b) Have been a member of ACORN WA for a minimum of twenty four (24) months prior to the application for funds.
- c) Applicants shall submit information about any application for funding from an alternative source/s for the same purpose. This shall be taken into account when the application is processed.
- d) Have not been in receipt of a financial assistance grant from ACORN WA for the preceding two years.

### 3. AVAILABILITY OF FINANCIAL ASSISTANCE GRANTS

Grants will be awarded as applications are received by the ACORN WA Secretariat. The ACORN WA Financial Assistance Grants may be awarded up to and including the following amounts:

- Local and State education      \$1000
- Interstate Education              \$2000
- Overseas Education                \$3000

### 4. GENERAL GUIDELINES

- a) An outline of the applicant's educational program shall be submitted with the Application Form.
- b) A proposed costing for the educational program including travel costs if required shall be submitted with the Application Form.

- c) Applicants shall submit information about any application for funding from an alternative source/s for the same purpose. This shall be taken into account with the application is processed.
- d) A date for the report after the educational program shall be submitted with the Application Form. Extensions may be granted at the discretion of the ACORN WA Executive Committee.
- e) A grant may be awarded for an educational program that has already been attended if it is deemed to be relevant to perioperative nursing.
- f) The recipient of an ACORN WA grant shall, at the discretion of the Executive Committee, present a written summary and/or oral presentation to ACORN WA
- g) Papers and reports shall not be returned to the grant recipient by ACORN WA.

## **5. SELECTION PROCESS**

- a) Applications will be addressed twice a year (February and July).
- b) The Financial Assistance Grant will be considered by members of the Executive Committee
- c) Applicants will be notified of outcome, within two weeks of the Executive meeting
- d) Each successful Financial Assistance Grant applicant will be required to:
  - Be a resident of Western Australia
  - Provide proof of registration and home address
  - Be a current financial member of ACORN WA and have been for a minimum of twenty four (24) months.
  - Provide a final report or undertake a presentation at and Education Session
- e) The Financial Assistance Grant will be expected to be taken within six (6) months of receiving the award

## **THE DECISION OF THE EXECUTIVE COMMITTEE SHALL BE FINAL AND BINDING ON ALL MATTERS**

## **6. REPORTS**

The successful applicant shall:

- a) Provide a written report covering the area of education undertaken within six (6) weeks of its conclusion.
- b) Present their report at an education session or conference at the discretion of the Executive Committee

## **7. PUBLICATION**

Grant recipients shall retain copyright of all papers and reports submitted to ACORN WA.

## **8. FINANCE**

- a) The applicant shall submit a full statement of proposed expenditure for the anticipated educational program
- b) Expenses incurred in excess of the proposed grant shall be the responsibility of the applicant.
- c) ACORN WA reserves the right to cancel the grant and receive full refund of any monies given should the recipient fail to pursue or fulfil the purpose for which the grant is awarded.

**9. APPLICATION FORMS and GUIDELINES**

- a) May be obtained from the Secretary of ACORN WA
- b) Completed forms, together with all supporting documentation, shall be submitted to the Secretary.
- c) All applications must be emailed to enquiries@acornwa.org.au

**10. OTHER FUNDING**

- a) It is a condition of this grant that you inform ACORN WA at any time if you receive funding from any other source for the proposed project or education activity that outweighs the total cost required.



AUSTRALIAN COLLEGE of PERIOPERATIVE  
NURSES WESTERN AUSTRALIA

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**APPLICATION FOR FINANCIAL ASSISTANCE GRANT**  
**To be completed after reading Guidelines for Financial Assistance Grants**

SURNAME: \_\_\_\_\_ MS/MRS/MISS/MR

GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MEMBERSHIP TYPE: FULL / ASSOCIATE / HONORARY (Please Circle)

I have been a financial member for \_\_\_\_\_ years.

Is your membership current? YES / NO

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYMENT HISTORY (PAST TWO YEARS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE FOR GRANT: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS GRANTS AWARDED BY ACORN WA: \_\_\_\_\_  
\_\_\_\_\_

FUNDING APPLICATIONS FROM OTHER SOURCES: \_\_\_\_\_

IF YES - DETAILS: \_\_\_\_\_  
\_\_\_\_\_

Have you served on any ACORN or ACORN WA Sub Committees? YES / NO  
Have you served on the ACORN or ACORN WA Executive Committee? YES / NO  
Have you been involved with planning and/or running of the Annual Conference? YES / NO  
Have you been involved with planning and/or running any Education activities or Open Forums? YES / NO

I AGREE TO ACCEPT THE TERMS AND CONDITIONS OF THIS GRANT.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Please attach **full** details of amount of financial assistance required and costings for the same eg - Travel, accommodation, registration fee, etc.
2. Please attach details of other grants applied for to cover the same purpose.
3. It is a condition of this grant that you inform ACORN WA at any time if you receive funding which exceeds the total cost of the conference or project.
4. ACORN WA reserves the right to request the return of monies over and above full funding.
5. **Please read and comply with the Guidelines for Financial Grants and Awards**

## Office Use Only

Date received by Secretary: \_\_\_\_\_

Check membership status is current: YES / NO FULL / ASSOCIATE / HONORARY

Member since: \_\_\_\_\_

Number of Meetings attended in the last two (2) years: \_\_\_\_\_

Date application presented at the Executive Meeting: \_\_\_\_\_

Financial Grant Awarded: YES / NO

If NO, state reason:

\_\_\_\_\_

Amount: \_\_\_\_\_

Member notified by mail on: \_\_\_\_\_

Type of Report to be presented: \_\_\_\_\_

Report presented or received from Member on: \_\_\_\_\_

Signature of Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Revised by ACORN WA Executive Committee  
Date Revised: March 2020