



Grid for student number

PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Year Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

APPLICATION DETAILS

Application Period:
April - July
August - March

Applicant Category:
Delegate Only
Presenter (Oral/Poster - attach abstract)

Have you previously received TUMSS Conference Support?
Yes (Please provide details)
No

Details if yes:

CONFERENCE DETAILS

Conference Name: \_\_\_\_\_

Conference Dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ Conference Location: \_\_\_\_\_

Conference expenses in AU\$:

- Attendance or registration fees \$\_\_\_\_\_
Transport to conference location \$\_\_\_\_\_
Accommodation \$\_\_\_\_\_
Other
o \_\_\_\_\_ \$\_\_\_\_\_
o \_\_\_\_\_ \$\_\_\_\_\_
o \_\_\_\_\_ \$\_\_\_\_\_

Total: \$\_\_\_\_\_

Other funding sources

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**BENEFIT STATEMENT**

Please submit a 200- 500 word statement outlining:

- a) Why you require the funding
- b) The academic and personal benefits you expect to gain from attending the conference; and
- c) how attending the conference would benefit the School of Medicine, TUMSS or your peers.  
(complete on separate page if required)

I, \_\_\_\_\_ declare that the preceding information is correct and true, and that I have read and understood the conditions by which my application will be assessed. I further declare that I have read and understood the conditions by which this conference stipend is awarded, and will adhere to the obligations stipulated by TUMSS if my application is successful.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This application should be submitted to : **Vice President Academic**, [vpacademic@tumss.org.au](mailto:vpacademic@tumss.org.au)  
Subject "Conference Support – [Name] – [April/August]"