



OPERATING ROOM NURSES ASSOCIATION
of WESTERN AUSTRALIA (INC)

P.O.BOX 1370, BOORAGOON, WESTERN AUSTRALIA, 6954
ABN 96 661 183 352



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 ORNA WA:

FUNDING APPLICATIONS FROM OTHER SOURCES:

IF YES - DETAILS:

Have you served on any ORNA WA Sub Committees?	YES / NO
Have you served on the ORNA 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 Education activities/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 ORNA WA at any time if you receive funding which exceeds the total cost of the conference or project.
4. ORNA 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: _____