



TICA Professional Development Scholarship - \$1000 available
Application Form

Are you a financial TICA Member: Yes No *(if no, you cannot apply)*

Name: _____

Address: _____

Post Code: _____ **Email:** _____

Phone: _____ **Employer:** _____

Current Position Held: _____

Applicants are required to submit the following information,

- A copy of the course brochure/registration form as relevant
- Completed Application Form (below)

SECTION A - Details of Funding Assistance Requested

Workshop/Seminar/Professional Development Title: _____

Total Cost: \$ _____ **Assistance Requested: \$** _____

Please specify how you will allocate the funding:

SECTION B – SELECTION CRITERIA

- 1. Are you receiving funding or support elsewhere for this education: Yes No**
If yes, please detail _____

- 2. Will you provide a summary of your education event at TICA GM within 3 months of completing/attending the educational event Yes No**

3. Briefly outline why you want to undertake this education and the benefits of undertaking the education (e.g personal, organisational, other). Complete below or attach.

4. How will you share or disseminate this information? Complete below or attach.

5. How have you personally contributed to TICA over the past few years? Complete below or attach (exclude any role in the current or a previous TICA Executive).

By signing this application, you are agreeing

- that the information provided is true and accurate
- to attend at TICA General Meeting and provide a summary (verbal or written) at a TICA GM within 3 months of completion of the educational event.
- Within 3 months of completion of the educational event, provide a one paragraph summary on how you used the money and any other information relevant to be posted on the TICA website
- any unused funds awarded will be returned to the TICA immediately
- the decision to award any monies, the amount awarded and the process of awarding monies is the decision of the selection panel and is final.

Signature of Applicant: _____

Date: _____

<i>Office Use Only</i>		<i>Applicant No.....</i>
Date Received: ____/____/____	Application Acknowledged: <input type="checkbox"/>	____/____/____
Current member: <input type="checkbox"/>	Course details/ rego brochure: <input type="checkbox"/>	
Application Complete <input type="checkbox"/>	Judging criteria submission: <input type="checkbox"/>	
Funding Offered: YES <input type="checkbox"/> \$..... (Amount) NO <input type="checkbox"/>		

PURPOSE:

To provide a TICA member financial assistance to undertake any educational event or opportunity.

AVAILABILITY:

1. TICA Executive will determine the recipients of grants and the degree of financial assistance to be allocated.
2. Individual applications will be judged on the Selection Criteria. Previous grant history will be taken into consideration where applicable.
3. Applications must be lodged with the TICA Secretary on or before the **30th April 2011**.

SELECTION CRITERIA:

1. Applicants will hold current TICA membership.
2. The purpose of the grant shall be relevant to current Infection Control practice.

Applications must include;

1. A copy of the course brochure/registration form as relevant.
2. Completed Signed Application Form

TICA RESPONSIBILITIES:

1. The Executive members will judge all applications in accordance with the attached 'Executive Judging Criteria'.
2. Any Executive member applying for a grant will absent themselves from the voting and discussion of their application.
3. A minimum of three people must be included in the judging panel. Where two or more TICA Executive members apply, a TICA member/s will be asked to join the panel



EXECUTIVE JUDGING CRITERIA

Applicant Number: _____

Mandatory Criteria	Cues	Yes	No
Copy of course brochure/ registration form/ other supporting costing documentation	Must be supplied for application to be considered		
Current member of TICA	Must be a TICA member to be eligible		
Completed application form	Must be supplied for application to be considered		

Scored Criteria	Cues	Possible score	Score achieved*
Is the applicant receiving support elsewhere	Consider total cost & contribution from elsewhere.	3	/3*
Agreed to providing summary to TICA GM	If no, then applicant will have at least \$50 taken off the awarded amount.	3	/3*
Relevance of educational event to infection control		10	/10*
Benefits of undertaking the education	Consider personal benefit and benefit to others including organisational, direct patient care, TICA members etc.	10	/10*
Dissemination of information	Consider ways in which the applicant will share the information with others.	10	/10*
Previous Contribution to TICA	Consider responses / feedback provided (when requested) Consider volunteering to assist the organisation	/4	/4*
Total score achieved			/40

* Final score will be the average of the panel's individual scores, if scored individually.