



Application for ACO Travel Grant

Please read the ACO Travel Grant Information Sheet before completing the application form. Applicants to complete the 'Applicant's Details' section below and then one other section according to the Travel Grant category they are applying for.

Applicants Details:

| | |
|--|---|
| Title (please circle): Mr Mrs Miss Ms Dr Other (please specify): | |
| Family Name: | |
| Given Names: | |
| Occupation/Position: | Employer (name and address): |
| Tick the box next to the category relevant to this application: | <input type="checkbox"/> Conference |
| | <input type="checkbox"/> Study Tour |
| | <input type="checkbox"/> Voluntary Optometry Services |
| Have you previously received a ACO Travel Grant? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, in what year? _____) | |
| I certify that all details in this application are correct, that all evidence provided is related to this application and is legitimate, and I agree with the specified terms and conditions. | |
| Applicant's Signature: _____ | |
| Date: / / | |

All enquiries and completed application form should be forwarded to:

Membership Division
Australian College of Optometry
374 Cardigan Streets
CARLTON VIC 3053

Tel: 03 349 7578
Email: membership@aco.org.au



Travel Grant - Conference

If there is insufficient space on this form please provide information on an attachment

Paper to be presented: _____

Title of paper: _____

Authors: (in order they will appear on the paper) _____

Form of Paper: Invited paper Verbal presentation Poster

Name of conference or meeting: _____

Name of organising body: _____

Place of meeting: _____

Dates of meeting: _____

Other activities: _____

If you are not presenting a paper, describe your official role in the conference, attaching documentary evidence as appropriate. In this section, describe any professional and scientific activities you will undertake before or after the conference.

Other Support

List known or other expected sources of financial support and give the amount. **This question must be answered.** If you have no other source of support please state "No other support - will use personal funds".

| Funding Source | Amount \$ | Known or other expected sources of funding |
|----------------|-----------|--|
| | | |

Evidence

- A copy of title page of program or preliminary announcement of the meetings must be attached
- A copy of the abstract of the paper submitted or planned to be submitted to the conference organisers must be attached

Has the paper been accepted for presentation?

Yes (Attach copy of acceptance advice)

No (Acceptance of the paper must be demonstrated to the ACO before the grant is paid)



Travel Grant – Study Tour

If there is insufficient space on this form please provide information on an attachment

What will be the aim of the study tour? _____

What are the dates of the study tour? _____

In which country/countries are you planning to undertake your study tour? _____

What is the name of the organisation/s you will be visiting? _____

Describe the role of the organisations/s _____

How does this organisation demonstrate that it is an international leader/demonstrates best practice?

What do you believe will be the benefits from this experience in relation to your current professional role / professional development?

Other Support

List known or other expected sources of financial support and give the amount. **This question must be answered.** If you will have no other source of support please state “No other support - will use personal funds”.

| Funding Source | Amount \$ | Known or other expected sources of funding |
|----------------|-----------|--|
| | | |

Evidence

- Attach copies of correspondence from the Principal Officer (eg CEO, Manager) of the relevant organisation/s that demonstrates the study tour is confirmed for the period of time and other information cited in your application is validated.
- Provide a copy of the proposed itinerary for the duration of the study tour.



Travel Grant – Voluntary Optometry Services

If there is insufficient space on this form please provide information on an attachment

Name of Aid Agency or Program: _____

Name of Contact Person: _____ Phone: () _____

Contact Person’s email address: _____

Location of the disadvantaged community: _____

Country: _____

Description of the community:

What will be the nature of the work you will undertake? _____

What will be your role? _____

What dates will you be working in this community? _____

What do you believe will be the benefits from this experience in relation to your current professional role/professional development?

Other Support

List known or other expected sources of financial support and give the amount. **This question must be answered.** If you will have no other source of support please state “No other support - will use personal funds”.

| Funding Source | Amount \$ | Known or other expected sources of financial support |
|----------------|-----------|--|
| | | |

Evidence

- Attach copies of correspondence from the Aid Agency/Program that demonstrates your voluntary work is confirmed for the period of time and validates the information cited in your application.