

NSW Association for Adolescent Health Inc.

Capacity Building Grants

Application Form 2009

About NAAH

The NSW Association for Adolescent Health (NAAH) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of marginalised young people aged 12 to 25 years.

NAAH Capacity Building Grants have been established to support NAAH members in attending training workshops, conferences and other professional development opportunities relevant to their work.

Complete the following Application Form and send to:

NSW Association of Adolescent Health (NAAH)
PO Box M178
MISSENDEN ROAD NSW 2050

NSW Association for Adolescent Health Capacity Building Grant Application Form:

Name:	
Position/title:	
Organisation:	
NAAH Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postal Address:	
Business Phone 1:	Mobile: <i>(if applicable)</i>
Email:	Fax:
Legal Status of Organisation: <i>(please tick one)</i> <input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Private <input type="radio"/> Other <i>(please list)</i> _____	
Please provide your organisation's Australian Business Number (ABN): _____	
Organisation's core funding source(s) <i>(please tick one)</i>	<input type="radio"/> NSW Health <input type="radio"/> DOCS <input type="radio"/> Other <i>(please list)</i> _____ <input type="radio"/> NA

Training workshop, conference and/or professional development opportunity details:

1. Will you be attending (*please tick*):

- Training workshop
- Conference
- Other, please specify:

2. Briefly describe the training workshop, conference or professional development opportunity for which you are requesting funding to attend (*enclose copy of preliminary program with your application if available*):

3. Dates and location of the training workshop, conference or professional development to be attended:

Date:

Location:

4. Will there be an opportunity to present a paper/poster on work which you are involved?

- Yes
- No

If yes, please specify:

If presenting a paper, please attach a copy of your proposed abstract (or forward this to NAAH if not yet submitted).

5. Describe how attendance at this training workshop, conference or professional development opportunity will benefit:

(a) your youth related work which you are involved:

(b) your own personal professional development:

6. What strategies will you use to share information and networks gained from this training workshop, conference or professional development opportunity with colleagues, the NSW Youth Health Sector and other relevant people/groups upon your return?

7. What other professional development/conferences have you attended in the last two (2) years?
8. Have you been previously supported by NAAH to attend a conference? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Budget

Please complete the following budget – be as specific as possible

Items	Explanation/Justification of Expense	Amount
1. Training workshop, conference or professional development opportunity registration fees		
2. Travel		
3. Accommodation		
Total		\$

Amount sought from NAAH \$ _____

*(Maximum \$1000 for members up to the age of 25 years;
 \$1000 for regional members and \$600 for metropolitan members)*

Amount to be contributed from other sources: \$ _____

Declaration

I declare that the information presented on this form is correct and agree to abide by the undertakings and conditions detailed above if my NAAH Capacity Building Grant application is approved.

Signature

Date