



## IRISH ASSOCIATION OF CARDIAC REHABILITATION

### Application for Bursary Funding to Attend International or National Conferences or Courses

Before completing the application form, please tick which category applies.

Tick box	Type of Event/Course	Notes	Notice required
<input type="checkbox"/>	International Conference/Course, outside Ireland, maximum bursary €500.	Some conferences and courses offer early booking rates. Applicants are encouraged to take advantage of these rates.	Minimum 12 weeks
<input type="checkbox"/>	National Conference, in Ireland, maximum bursary €100.	Some conferences and courses offer early booking rates. Applicants are encouraged to take advantage of these rates.	Minimum 8 weeks

#### **Section A: Personal Details**

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

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IACR Member:

Yes

No

**Section B: Details of Conference/Course**

Please attach as much additional information as possible in addition to completing this section.

Title: \_\_\_\_\_

Dates : \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualification Awarded:  
(If Applicable) \_\_\_\_\_

Organising Body: \_\_\_\_\_

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

Conference/Course Organisers  
Contact Telephone: \_\_\_\_\_

### **Section C: Financial Details**

<b>Expenses*</b>	<b>Details</b>	<b>€ Amount</b>
Event Attendance Fee		€
Accommodation	Per night: € Number of nights:	€
Travel Expenses	Bus: € Train: € Air: € Other: €	
Other	Please specify:	€

Do you have any additional source of funding?

No  Yes  If yes, please give details and specify amount:

\_\_\_\_\_

If Early Booking Fee is available please specify date offer expires: \_\_\_\_\_

Early Booking Fee: € \_\_\_\_\_

Total value of Bursary Requested: € \_\_\_\_\_

### **Section D: Reasons for Attendance/Study**

Please answer the following questions:

1. What benefits will attendance at this conference/course bring to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What benefits will attendance bring to the IACR? (Please use additional space as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If successful, please confirm that you agree make a presentation at the next IACR annual conference following attendance at the conference/course and to submit a report of the conference/council to the IACR council within 4 weeks of attending the event which may be published on the website and in the IACR newsletter.

Yes  No

4. Case for Support. What do you expect to gain professionally/personally by attending this event? (500 words or less):

Applicants will be notified if their application is successful/unsuccessful and the value of the Bursary awarded by the IACR President.

If no report is received or no presentation made at the IACR Annual Conference, no bursary application will be considered in the future.

The decision of the IACR committee is final.

### **Section E: Application Procedures**

Applications are made by completing this form. NB Applications for bursaries must be submitted prior to attendance. No funding will be granted for events already attended.

### **Section F: Conference Application Checklist**

Before submitting your application, please ensure that you have supplied the following documentation:

Application Form

Event and/or Programme Details

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

Signature of Line Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return this form and accompanying documentation to: Ruth Harkness, Secretariat, IACR c/o Irish Heart Foundation, 50 Ringsend Road, Dublin 4. Mob: 087 367 8976 Tel: 01 668 5001 Email: rharkness@irishheart.ie**

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#### **Office Use Only**

Application received: \_\_\_\_\_

Discussed at IACR council: \_\_\_\_\_

Bursary Agreed YES/NO/ PARTIAL Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

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Applicant Informed: YES/NO Report Due: \_\_\_\_\_

Annual Conference Date: \_\_\_\_\_