

**VNI NEUROTRAUMA COMMUNITY CONFERENCE SUPPORT SCHEME  
APPLICATION TEMPLATE**

<b>PERSONAL DETAILS</b>
Name:
Mailing Address:
Daytime Telephone:
Mobile:
Email:
Preferred method of communication (check one): <input type="checkbox"/> Email <input type="checkbox"/> Daytime Telephone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Post
Your interest in the Neurotrauma Conference Support Scheme (check one): <input type="checkbox"/> Individual with TBI <input type="checkbox"/> Individual with SCI <input type="checkbox"/> Carer <input type="checkbox"/> Advocate
Please list your involvement with advocacy or service organisations if any:
Please list your involvement with VNI funded research if any:
<b>RESEARCH CONFERENCE/FORUM INFORMATION</b>
Title:
Location:
Date(s):
Are you giving a presentation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Title of presentation (if applicable):
Copies of presentation (if applicable) <input type="checkbox"/> Included <input type="checkbox"/> Not applicable

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<b>BUDGET</b>	
Total estimated cost (excl GST):	\$
VNI requested funds (excl GST):	\$
Where will you source the other funds required if any?	
Description of expense items:	
<p>Have you provided copies of any tax invoices already paid? (select one)</p> <p><input type="checkbox"/> None pre-paid   <input type="checkbox"/> Included</p>	
<p>If you are unable to attend at the last minute, is there someone appropriate that you could delegate to attend in your place?</p> <p><input type="checkbox"/> No   <input type="checkbox"/> Yes   Name: _____</p>	
<b>CONFERENCE FOLLOW-UP</b>	
<input type="checkbox"/> I agree to submit a short article or report on the experience for use in VNI publications and the VNI website	
<input type="checkbox"/> I would be willing to report on the conference/forum at VNI organised events	
<input type="checkbox"/> I agree to report on the conference to the following groups (please list):	
<b>CERTIFICATION</b>	
<p><i>By submitting this application, I certify that I have read the guidelines and the information included on this application is correct.</i></p>	
<p><b>Date:</b></p>	

**Please send this completed application via email or post to:**

Lisa Pitre, Development Manager  
 Victorian Neurotrauma Initiative (VNI)  
 Level 2, 60 Brougham Street, PO Box 2314, Geelong, VIC 3220  
 lisa\_pitre@vni.com.au

For any queries, contact Lisa on 5225 6251 or lisa\_pitre@vni.com.au