



STRIVING FOR EXCELLENCE
Victorian Perioperative
Nurses Group

Victorian Perioperative Nurses Group (ANF) Vic Branch

ABN: 74 343 281 165

PO Box 593, East Melbourne, VIC 8002

Tel: 1300 72 1169 Fax: 1300 72 1170

E-mail: enquiries@vpng.org.au

Website: www.vpng.org.au

ACORN GRANTS

Grants for VPNG members to attend the biennial ACORN Conference are made available prior to the year the ACORN Conference is held.

For 2012 there are Grants available at \$1,000 each. The number of grants awarded will be determined by the annual budget.

Grants are drawn by random selection by the VPNG Education Sub-Committee from the applications received that meet the selection criteria.

SELECTION CRITERIA

- Registered/enrolled nurse with current registration;
- Current financial member of VPNG;
- Have been a member of VPNG for at least two (2) years immediately preceding the grant application; and
- Covering letter with statement stating the relevance to their perioperative nursing practice of attendance at the ACORN Conference.

***Individuals who do not produce evidence of registration
will not receive a grant.***

CLOSING DATE FOR APPLICATIONS

Applications must reach VPNG by the closing date of the **31st March** the year of the ACORN Conference.

Submit applications to:

The Honorary Secretary
VPNG ACORN Grant Applications
PO Box 593
EAST MELBOURNE 8002

If you have any questions, please contact the Honorary Secretary VPNG via enquiries@vpng.org.au



STRIVING FOR EXCELLENCE
 Victorian Perioperative
 Nurses Group

Victorian Perioperative Nurses Group (ANF) Vic Branch

ABN: 74 343 281 165

PO Box 593, East Melbourne, VIC 8002

Tel: 1300 72 1169 Fax: 1300 72 1170

E-mail: enquiries@vpng.org.au

Website: www.vpng.org.au

ACORN GRANT COVER SHEET

Name		
Address		
Phone (H)	Phone (W)	Mobile
Email:		
VPNG Membership		
Membership number	Years membership	
Covering letter stating relevance to their perioperative nursing practice of attendance at the ACORN Conference; Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evidence of registration for ACORN Conference attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SIGNATURE OF APPLICANT:		DATE:
<i>Education Sub Committee Use Only:</i>		

Name of approver: _____

Signature _____ **Date** _____