# **HEAL Travel Award**2024 Application Form

Please make sure to read the associated HEAL Travel Awards documentation to ensure your eligibility for this funding intiative. Please send the completed form to heal@canberra.edu.au.

|  |
| --- |
| **Applicant details** |
| **Name***First name and surname* |  |
| **Title***Miss / Ms / Mr / Dr / A/Prof / Prof* |  |
| **Job title***Research Fellow / PhD Candiate / Other* |  |
| **Affiliation***Department/School, University/Institution* |  |
| **Early Career Reseacher status***Yes / No* |  |
| **Aboriginal / Torrest Strait Islander status***Yes (please specify) / No* |  |
| **HEAL Investigator sponsor details** |
| **Name***First name and surname* |  |
| **Title***Miss / Ms / Mr / Dr / A/Prof / Prof* |  |
| **Conference details** |
| **Name***Official conference name & website* |  |
| **Location***Venue; City, Country*  |  |
| **Dates***DD MM – DD MM YYYY* |  |
| **Acceptance letter***Attach documentation in Appendix A* |  |
| **Abstact details** |
| **Title***Full title of presentation* |  |
| **Full abstract***Attach full text in Appendix B* |  |
| **Co-authors (if any)***First name and surname* |  |
| **Associated theme***Specify HEAL Research theme* |  |
| **Publication details and timeline***Peer-reviewed journal / dataset / policy / etc. and timeline for submission/publication*  |  |

**Statement of alignment to HEAL’s vision and associated theme(s)**

*(100 words)*

*The vision of the Healthy Environments and Lives (HEAL) Network is to catalyse research, knowledge exchange and translation into policy and practice that will bring measurable improvements to our health, the Australian health system, and the environment*

**Statement of benefits to the researcher(s) and broader community**

*(100 words)*

**Itemised budget**

*Please note $2,000 maximum funding available*

|  |  |  |
| --- | --- | --- |
| **Item***e.g., Flights* | **Description***e.g., Canberra – Perth economy return fare* | **Cost** *Amount in AUD* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL TRAVEL COST** |  |
|  | **TOTAL AMOUNT REQUESTED** |  |

# **Appendix A**Abstract acceptance letter documentation

*Please attach letter here*

# **Appendix B**Abstract full text

*Please attach full abstract here*