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**Centre for Collaborative Health Professional Education (CCHPE)**

**Faculty Travel Award**

**Application Form**

Application Deadline: March 31st, 2022

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A: Applicant Information** | | | |
| Applicant’s name: | | | Academic unit: |
| Other faculty, staff or learners involved in this Interprofessional Education (IPE) initiative (please specify academic unit): | | | |
| **Section B: How will this knowledge dissemination advance IPE at Memorial?** | | | |
|  | | | |
| **Section C: Conference Information** | | | |
| Name of Conference: |  | | |
| Location: |  | | |
| Date: |  | | |
| Conference brochure is attached (please mark with an X): | | |  |  |  |  | | --- | --- | --- | --- | | Yes: |  | No: |  | | |
| Statement of the significance of the conference: |  | | |
| Insert academic abstract (can be appended in a separate document): |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section C: Funding Information** | | | |
| Total Projected costs (as per [Memorial University Travel Policy](https://www.mun.ca/policy/site/policy.php?id=187)) : | | | |
| Conference registration \*: | | | **$** |
| Accommodations: | | | **$** |
| Transportation: | | | **$** |
| Land | | | **$** |
| Air | | | **$** |
| Meals Per diem: | | | **$** |
| Other (please specify) | | | **$** |
| **Total** | | | **$** |
| Amount requested from CCHPE Travel Award ($2,000 maximum): | | | **$** |
| Source(s) of additional funding (if any): | | | |
| Please itemize all previous funding you have received from the CCHPE Faculty Travel Award: | | | |
|  | | | |
| Applicant’s Signature: | | Date: | |
| **For Department Use Only** | | | |
| Approved by Governing Council (pending abstract acceptance):  No Yes Amount: \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Signature of Chair, Governing Council: | Date: | | |
| Date Documentation regarding Abstract Acceptance received: | | | |

\* Conference fees for virtual conferences are an acceptable expenditure for the CCHPE Faculty Travel Award.

**Please submit applications to:** IPE Coordinator CCHPE

Faculty of Medicine

Room 1650, Health Sciences Centre

[adam.reid@med.mun.ca](mailto:adam.reid@med.mun.ca)

Phone: 709-864-4901

Fax: 709-864-4489