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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

 Phone: 709-864-4901

 Fax: 709-864-4489