



GRANT APPLICATION FORM

Australia & New Zealand

Instructions – Please read before completing the form

- Grant applications must be submitted at least **60 days** prior to the first event/activity taking place with all supporting documentation attached. Any event/activity not complying with this timeline may be rejected.
- Please note there is no guarantee that the full amount requested will be granted. The Committee may reject, approve in full or approve a lower amount at its absolute discretion.
- The completed and signed form including all required supporting documents must be submitted by e-mail to: **medical_au_grants@wlgore.com**
- Please **do not disclose names of individual Health Care Professionals** on the application or in your communications to Gore, as this will lead to a rejection from the Committee.
- If Gore requires detailed information for transparency or other requirements – depending on the country of origin of the Health Care Professional – you will be requested to provide these once the grant has been reviewed and approved by the Gore Grant Committee.

PART I - APPLICANT INFORMATION

Name of requesting organisation |

Address |

ABN (Aus.), NZBN (NZ) |

Name of contact person submitting request |

NB This Person should be a representative who is authorised to submit this grant request on behalf of the organisation and should be prepared to respond to questions from, and provide additional information to, the Gore Grant Committee if required.

Position within organisation |

Contact phone number |

Email address |



Together, improving life

PART II - ORGANISATIONAL SET UP

II. a) Please tick the box that best describes your organisation:

Hospital Medical Association Congress Organiser
Other (please provide details of the membership, founding statutes) | _____

II. b) Supporting information:

Please provide documentation or provide details of the organisational set-up and structure | _____

II. c) Do you have an appropriate process in place for impartially allocating the funds or selecting any beneficiary of the funds?

Yes No If no, please provide explanation of how funds will be impartially allocated | _____

II. d) Will the person or panel allocating the grant be potential beneficiaries? IMPORTANT: If the person or panel allocating the grant are potential beneficiaries, this application will not be supported.

Yes No

III. Is your organisation registered with the Australian Charity and Not-for-profits Commission (ACNC) or NZ Charities Register?

Yes No

PART III - GRANT REQUEST DETAILS

The grant will not be provided to cover the costs linked to the organisation of leisure/entertainment activities or for the invitation of spouses/partners of Health Care Professionals (HCPs). In addition, no funding will be provided to cover ordinary operating expenses, running costs of the organisation and other budget items not directly linked to the education.

III. a) The primary purpose of the event/program is: | _____

Advancement of medical education Advancement of public education
Other | _____

III. b) Will support for the event/program(s) be sought from multiple sources (other than Gore)?

Yes, estimated number of other industry sources | _____

No, Gore would be sole supporter



Together, improving life

III. c) Has Gore previously provided support for the event/program in the past 5 years? If yes, please provide past support (year & amount). |

III. d) Please indicate the therapeutic area of focus for the target audience: |

- | | |
|------------------|----------------------|
| General Surgery | Nephrology |
| Structural Heart | Portal Hypertension |
| Cardiovascular | Other. Please advise |

PART IV - GRANT PAYMENT DETAILS

This must be an account in the name of the body making the application and not an individual or a company set up solely to employ physicians.

Please note that this information is for verification only. Should your application be successful, appropriate tax invoice will be required.

Name of banking institution |

Name of account |

BSB |

Account # |

Name and title of authorised signatory |

Name of applicant |

Date |

Signature of applicant |

PART V - TYPE OF GRANT REQUEST

Please indicate the type of request and outline details below.

Support of HCPs participation at educational events → [click to complete Appendix 1](#)

Support for an Educational Conference/Event → [click to complete Appendix 2](#)

Support of a Fellowship → [click to complete Appendix 3](#)



Together, improving life

Appendix 2 Sponsorship or Grant for Educational Conference or Event

Event date |

Event venue |

Approx. number of attendees |

Approx. number of faculty |

Funding amount requested \$ AUD NZD USD

Event description (please include details in relation to objectives of the event, specialities, etc.) |

Please provide an outline with regards to how the funding will be utilised (e.g. support of speaker honorariums, audio visual equipment, catering, etc.) |

Will this program be accredited? If so, please provide details. |

Will any portion of funds be used for Gore's purchase of program exhibit/booth space or advertising? |

No; all funds used to support Educational Program

Yes; exhibit/booth → \$

Yes; advertising/marketing → \$

To be considered for a grant or sponsorship, please attach a detailed agenda.

W. L. Gore & Associates, Inc.
goremedical.com

Asia Pacific +65 6733 2882 Australia/New Zealand 1800 680 424 Europe 00800 6334 4673
United States 800 437 8181 928 779 2771 Flagstaff, AZ 86004



Together, improving life

Appendix 3 Grant to support a Fellowship

Gore may grant funds to an organisation accredited by a Professional Association or with an academic affiliation to provide a fellowship for the specialty education of a HCP. The requesting institution or society is responsible for selecting the beneficiaries of the grant. Gore does not support multi-year requests; all requestors must apply annually. Fellowship programs with a strong research focus may be directed to apply for a research grant via a separate application process.

Funding amount being requested: \$ AUD NZD USD

Please provide a general description of the fellowship: |

Please outline faculty qualifications and expertise: |

Please provide an outline with regards to how the funding will be utilised:
(e.g. salary support, education materials, course costs) |

Please attach a document outlining the goals and objectives of the fellowship program.

IMPORTANT: Gore will not participate in any decision on the part of the recipient as to which individuals may benefit from the grant. **If recipient/beneficiary names are listed, this application will not be supported.**

GORE, *Together, improving life* and designs are trademarks of W. L. Gore & Associates.
© 2023 W. L. Gore & Associates (Australia) Pty. Ltd. 231274287-EN NOVEMBER 2023

W. L. Gore & Associates, Inc.
goremical.com

Asia Pacific +65 6733 2882 Australia/New Zealand 1800 680 424 Europe 00800 6334 4673
United States 800 437 8181 928 779 2771 Flagstaff, AZ 86004