

DELEGATE FINANCIAL ASSISTANCE PROGRAM

APPLICATION FORM

The deadline to submit this application is **20 November 2009**.

All applicants must be at least 18 years of age on 3 May 2010.

All information provided in this application must be accurate and complete. If any part of the application form submitted is incomplete or if the information contained therein is false, the applicant's request will be automatically rejected.

Please return the completed Application Form

- By **email** to: ifa2010@arinex.com.au
- By **mail** to: IFA 2010 Conference Managers
arinex pty ltd
GPO Box 128
Sydney, NSW 2009
Australia
- Or **fax** to : + 61 2 9267 5443

1. PERSONAL INFORMATION

First Name	Last Name
Date of Birth (dd/mm/yyyy) (Use numbers: date/month/year)	Nationality
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport Identification Number:	
Date passport was issued :	
Date passport expires:	
Are you a member of the International Federation on Ageing? <input type="checkbox"/> Yes Membership Number: _____ <input type="checkbox"/> No	

2. CONTACT

Street/PO Box Address		City
State / Province	Postal Code/ Zip Code	Country
Email		

Telephone				
Fax				
The best way to contact me is by : <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax				
<p>Emergency Contact:</p> <p>In the case of an emergency please contact:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Telephone</td> </tr> <tr> <td>Email</td> <td>Relationship</td> </tr> </table>	Name	Telephone	Email	Relationship
Name	Telephone			
Email	Relationship			

4. FINANCIAL STATUS

I am currently (check only one box)			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Dependant (family or government pension) <input type="checkbox"/> Non-remunerated activities (eg. volunteer...) <input type="checkbox"/> Senior </td> </tr> </table>		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	<input type="checkbox"/> Dependant (family or government pension) <input type="checkbox"/> Non-remunerated activities (eg. volunteer...) <input type="checkbox"/> Senior
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Employer or School			
Contact Name			
Email	Telephone		

5. REQUEST FOR PARTIAL AND / OR TOTAL FINANCIAL ASSISTANCE

Financial assistance is needed for: <input type="checkbox"/> Travel <input type="checkbox"/> Hotel <input type="checkbox"/> Registration	
Accommodation Please note: a maximum of 5 nights accommodation can be provided under this support package. <input type="checkbox"/> Sunday 2 May 2010 <input type="checkbox"/> Monday 3 May 2010 <input type="checkbox"/> Tuesday 4 May 2010 <input type="checkbox"/> Wednesday 5 May 2010 <input type="checkbox"/> Thursday 6 May 2010	
Air travel arrangements Please note: ground transportation from your city to the closest airport is at your charge.	
Departing from – City:	Country :

Preferred Departure Date:	Preferred Return Date:
In this section, please explain your and/or your organisation's need for financial assistance to attend the IFA's 10th Global Conference:	

6. INVOLVEMENT IN THE FIELD OF AGEING

Please indicate the field which applies to you:

<input type="checkbox"/> Government
<input type="checkbox"/> Non Government Organisation
<input type="checkbox"/> Private Sector
<input type="checkbox"/> University
<input type="checkbox"/> Individual/No Affiliation
<input type="checkbox"/> Student

Have you previously attended a past IFA Global Conference on Ageing? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate below) <input type="checkbox"/> Montreal 2008 <input type="checkbox"/> Copenhagen 2006 <input type="checkbox"/> Singapore 2004 <input type="checkbox"/> Perth 2002
Please list any other major international events you have recently participated in:

7. CONFERENCE REGISTRATION: 3 – 6 MAY 2010

Have you submitted an abstract to be a presenter at the conference?	<input type="checkbox"/> Yes Reference number : _____ <input type="checkbox"/> No
Title of the Abstract:	

If you are not a government official go to Section 9.

8. SENIOR GOVERNMENT OFFICIALS MEETING: Monday 3 May 2010

As with other IFA biennial global conferences, the IFA will host a Senior Government Officials Meeting on Monday 3 May 2010. This meeting is of significant importance for Ministers and senior government officers with responsibility for Ageing and will provide an opportunity for senior officials to examine and discuss current trends, models and challenges.

Have you registered to attend the Senior Government Officials Meeting?

Yes

No

Do you want to be registered?

Yes

9. APPLICANT RESPONSE

In 100 words or less, please explain your answer to the following questions in the space provided below :

1. What is your main reason for wanting to attend the IFA's 10th Global Conference?
2. What are your specific objectives and what are the outcomes sought?
3. How will the information you receive at the Conference benefit you or your community?

Please describe your portfolio responsibilities:

10. SIGNATURE AND DECLARATION

I, the undersigned applicant for the Delegate Financial Assistance Program, confirm that I have read and understood the Terms and Conditions outlined in the **Bursary Program Information** document and agree to:

- abide by the rules outlined for the Conference Bursary program;
- provide additional information, if deemed necessary;
- provide proof that I am holding a valid passport enabling me to travel to Australia for the entire period of the event, if selected for a bursary;
- provide written proof of having obtained a Visa to travel to Australia (if applicable, if selected for a bursary).
- share the information provided on the bursary application form with members of the Bursary Selection Committee for the sole purpose of selecting applicants.

I hereby declare that all the information on the application form is complete and true to the best of my knowledge.

Applicant's Signature	Date
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