2027 Guest Speaker Grants
Form Preview

Applicant Information

* indicates a required field

Title | First Name | Last Name

I am an *
- ○ Epworth employee or Employed Doctor
- ○ Accredited Epworth VMO

Epworth employee number *

Team / Department *

Primary Epworth Site/Division *

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email

Must be an email address.

Applicant Mobile Phone Number

Must be an Australian phone number.

Guest Speaker(s) Details

Details of Guest Speaker(s)

Upload Guest Speaker(s) CV and/or Biography
Attach a file:

Guest Speaker(s) itinerary

Please include details of itinerary; eg. training session, key note speaker, symposium / conference session, panel discussion, workshop. Target audience, expected numbers and venue.

How will the proposed activity benefit Epworth?

How will the Guest Speakers expertise benefit Epworth's service delivery and outcomes for Epworth patients?

What experience does the applicant / Epworth project lead have with event coordination and/or project management

Budget

Expenses permitted include flights, speakers fee, Accommodation, Airport transfers, Catering, Venue Hire, Promotion and Project Leads time to plan and manage presentation.

Employees time to attend the presentation/training session is not a permitted budget item.

Budget

Expenditure	**$**

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Certification

I understand a copy of my application will be sent to my primary Direct Manager and/or Epworth Site Executive General Manager and/or Clinical Institute Director for endorsement *

○ Yes