

**ICP Professional Development Grant Application Form**

Applications close 28 February

**Name:**

**ICP Membership status** (Full, Associate or Student):

**Institution/Place of work:**

**Professional Development Summary:** Please provide a brief summary of the professional development opportunity that you are applying for funding for (you may attach copies of the brochure or registration material etc). Discuss the benefits of this opportunity to your clinical practice. Outline how this aligns with your Continuing Competency Programme (CCP) requirements.

**Provide a brief description around why other sources of funding (employer or academic) are not available to cover your professional development opportunity.**

**How the grant will be used:** Briefly describe how the grant money is intended to be spent, e.g. flights, accommodation, registration fees, materials etc.

For further information about this grant, please email [vanessa.burrett@waikatodhb.health.nz](mailto:vanessa.burrett@waikatodhb.health.nz)