

Infection Control Scholarship 2018

Application form

Applicant's name:	Date of application:		
Applicant contact details:			
Address:			
Phone:	Fax:		
Email:			
Institution name & address:			
Institution ABN (required for tax invoice purposes):			
Type of institution:			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Aged care	<input type="checkbox"/> Long term care	<input type="checkbox"/> Other
<input type="checkbox"/> Public	<input type="checkbox"/> Private	Bed Size: _____	
Project name:			
Project category:			
<input type="checkbox"/> Major research project	<input type="checkbox"/> Minor research project	<input type="checkbox"/> Educational grant	
Infection control project area :			
Brief description of the project:			
Summarise project strategy, methods, expected outcomes and estimated duration of project:			

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State total project funding requested:

Summarise funding requested by category (i.e. travel, research, education, materials etc):

Summarise specific activities that scholarship monies will be used for:

Summarise procedural, research, patient or work place benefits of the proposed project:

Describe how the applicant intends to apply findings from the project to their healthcare institution:

I _____ of _____

hereby agree that, if I am successful in my application for a Cardinal Health 2018 Infection Control Scholarship, I will prepare and submit, within 3 months of completion of my project, a summary of my project outcomes to the Cardinal Health Australia Infection Control Scholarship panel and I will submit any requested update of my project to the panel during the project phase.

I also agree that the summary of my project outcomes can be used by Cardinal Health (including its related bodies corporate, such as KPR Australia Pty Ltd, A Cardinal Health company) and/or the Australasian College for Infection Prevention and Control (ACIPC) for publication purposes.

Signed:

Date:

Privacy Notice

At Cardinal Health, we understand that protecting your privacy is important. We only collect personal information about you if you choose to give it to us in connection with participating in this Scholarship program. Cardinal Health shares your personal information with relevant parties involved in this Scholarship program as well as our employees, third-party suppliers and agents working on our behalf to help fulfil business transactions. Cardinal Health may share your personal information with overseas companies within the Cardinal Health Group (see www.cardinalhealth.com for Cardinal Health's locations) for use and disclosure for the purpose for which the information was collected or for another lawful purpose. We may disclose your personal information to our professional advisers, insurers, government bodies, and industry regulators, such as the Medical Technology Association of Australia/New Zealand. However, we do not share any of your personal information with third parties for their own marketing use. We take all reasonable steps to ensure that anyone to whom we disclose your personal information is bound by appropriate confidentiality and privacy obligations. Subject to privacy law, and as set out in our privacy policy, you can have access to and seek correction of your personal information, as well as making a complaint about your privacy. You can exercise these rights by sending us an e-mail to privacy@cardinalhealth.com. You may opt out at any time if you no longer wish to receive marketing communications from us by sending us an e-mail to the abovementioned e-mail address or by choosing any other means presented for opting out.

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