

Infection Control Scholarship 2020

Application Form – Educational Grants

Applicant's Name:

Date of Application:

Applicant Contact Details:

Address:

Phone:

Fax:

Institution Name & Address:

Institution ABN (required for tax invoice purposes):

Type of Institution:

if Hospital (Please tick): Public or Private

Bed Size:

Aged Care Long Term Care other:

Project Scope (Please choose from drop down menu):

a. Best infection control clinical practice; **b.** innovation infection control research; **c.** enhanced patient and co worker safety; **d.** enhanced work place outcomes and occupational health and safety

I _____ of _____

hereby agree that, if I am successful in my application for a Cardinal Health 2020 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 Cardinal Health Australia 503 Pty Ltd) and/or the Australasian College for Infection Prevention and Control (ACIPC) for publication purposes.

Signed:

Date:

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Project Name:

Project Description (Max 50 words):

Strategies and Methods (Max 150 words, attach supportive documents if required):

Expected Outcomes (Include benefits for patient, the applicant and the organisation. Max 100 words, attach supportive documents if required):

State Total Project Funding Requested:

Timeline (Max 50 Words):

Resources/Funding Breakdown:

Before submitting your application, please ensure you have:

- Read eligibility, scholarship program, selection process in Infection Control Scholarship 2020 application details form.
- Understood funding for direct salaries is ineligible, but to cover resource issues with respect to backfill of your position.
- Included all supporting documents, for example research protocol, study proposal, conference or training program outline; and certify that they are true and correct to the best of your knowledge.

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.

