

FORM

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Subject:	RACS Visitor Grant Program (for Non-RACS Meetings) Application Form	Ref. No.	FES-FEL-014
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Surgical Society / Association:	
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Contact Name:	
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Contact Email:	
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Contact Address:	
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Phone:	
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Name of Meeting:	
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Date of Meeting:	
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Location/Venue:	
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Amount Requested:	
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Please provide names, biography, origin and a short profile of speakers. Please indicate whether speakers have accepted:

Speaker 1:

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CV Attached (Optional)

Speaker 2:

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CV Attached (Optional)

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1. What contribution will the speaker make to the meeting they are attending, and also to the surgical community by interaction with hospitals and other groups? Please include:
 - i. Details of presentations/workshops
 - ii. Participation of the applicant in RACS education and training (SET, Skills Courses, etc)
 - iii. Engagement of the speaker before or after the meeting with:
 - a) SET trainees
 - b) PFET Participants

2. Please list the number of FRACS at your last three meetings.

3. What other funding has your Society/Association received for meetings held in the same calendar year?

4. Are any alternative funding options available for this meeting?

5. Budget Breakdown and Justification

We agree that the RACS logo and the sentence: "(Speaker) is supported by the RACS Visitor Grant Program" will appear in all relevant meeting publications.

We agree to the Terms and Conditions of the Policy "RACS Visitor Grant Program (for Non-RACS Meetings)".

Please submit your application to the attention of the Fellowship Services Committee Secretariat:

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Royal Australasian College of Surgeons
College of Surgeons Gardens
250-290 Spring Street
EAST MELBOURNE VIC 3002

Telephone: +61 3 9249 1237
Email: fsc@surgeons.org

Thank you for your application for the RACS Visitor Grant Program (for non-RACS meetings).