



CHILD CARE GRANT APPLICATION

Title:	□ Mr.	☐ Mrs.	☐ Miss	□ Ms.	□ Dr.	☐ Others:	
First na	ame:			Last nam	ne:		
Institut	ion/Cor	npany:					
State/Province: Country:							
Email a	ddress:			Phone n	Phone number:		
Career	Status:	☐ Undergraduate st	tudent	☐ Master	student	☐ PhD student	
		☐ Early career resea	later than 1 Jan	uary 2011)			
☐ Mid-career researcher (PhD completion before 1 January 2011)						1)	
☐ Others (please specify):							
Abstract status:		: Accepted for oral presentation Accepted for poster presentation					
		☐ Not accep	oted				
	_						
Funds	may be	applied to one or m	nore of the follo	owing needs.	Please check al	I that apply:	
		ome-based childcare ot to be applied to a r			of conference a	attendance.	
□ Trave	el of a re	elative or other care	provider to my	home to care	for my child(re	n) while I attend EPTS16	
□ Trave	el of a ca	are provider to the N	Meeting with m	ne to care for n	ny child(ren) in	Melbourne.	
Please write a short paragraph stating your needs (include number of children and their ages, number of hours needed, type of care needed, and estimated cost). Please be as specific as possible.							

Application form submission opens on 1 Jun 2016 and closes on 10 Jun 2016.

Application form and supporting documents to be emailed to grants@epts16.org with email title "FirstName_LastName_Child_Care_Grant".