

CAOT-BC Dianna Mah-Jones Memorial Grant for Innovation - Application Form
Applications accepted between February 15 and May 31

****A letter of intent must be submitted with this application***

CAOT-BC Member Name (Last, First):		
CAOT-BC Number:		
Email Address:		
Phone Number:		
Address:		
Social Insurance Number (required to receive award):		
Course/Conference/Workshop Information		
• Title:		
• Date:		
• Location:		
• Website or registration link:		
Do you have any other sources of funding that may cover some costs of expenses? (e.g. employer, union, scholarship)	Yes <input type="checkbox"/> Please describe: _____	
	No <input type="checkbox"/>	
Current area of practice:		
I currently deliver direct client care:	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
I confirm that the course/workshop/conference is relevant to my area of practice:	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Budget:		
Cost of registration:	\$_____	
Cost of accommodation (actual or anticipated):	\$_____	
Cost of travel (actual or anticipated)	\$_____	
I have attached:	Letter of intent (250-word maximum): <input type="checkbox"/>	
I confirm that within 6 months of completing the above course/workshop/conference I will (select one):	Submit an article for the CAOT-BC blog/ OTalk BC <input type="checkbox"/>	
	OR	
	Deliver a 30-minute presentation to a relevant CAOT-BC Practice Network <input type="checkbox"/>	
I confirm that I will allow my name, email contact and paper/workshop/poster information to be published by CAOT-BC:	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Name (PRINT)	Signature	Date

Send application along with 250-word letter of intent to CAOT-BC (scharles@caot.ca) with email subject line: *Dianna Mah-Jones Memorial Grant for Innovation Application*

FOR INTERNAL USE ONLY		
Application approved	Date	Initials
Receipts received	Date	Initials
Letter for grant approval sent to COTF	Date	Initials