

CARO-CROF Radiation Therapist Travel Grant 2017 Application Form

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Are you currently practicing as a radiation therapist in Canada? Yes No

Place of Employment: _____

Years in Practice: _____

Have you ever attended a CARO ASM? Yes No

If so, in which years did you attend? _____

What other professional conferences have you attended in the past? _____

Should you be successful in receiving this grant, please outline how you expect it will be applied (registration, travel, accommodations) and any other support you have secured for attendance (employer, other continuing education funds etc).

Please note that this information is solely to provide insight to CARO-CROF regarding how best to direct funds in future similar initiatives. Responses will not be used to judge applications.

Please ensure the following are included in your application:

- Application Form
- Letter of intent (1 page, 500 words)
- Letter of support from manager/supervisor