



THE WEEDS SOCIETY OF WA [INC]
Travel Award

The Award

The Weeds Society of WA Inc. (WSWA) Travel Award will be made available annually or less frequently, depending on the standard of applications.

The value of the award will be up to \$2000 per person annually.

Applications are invited from students, weed scientists, other professional staff or members of the general public engaging in any aspect of weed research (in the fields of agriculture, botany, biology, ecology, horticulture, forestry or related subjects) or engaged in weed management/control. The travel award aims to facilitate travel to attend national or international conferences/forums.

Applications will be submitted by 20 March each year, and the applicant notified of the success of their application by 30 March.

Application forms can be obtained from and submitted to:

The Secretary, Weeds Society of WA Inc.

info@swwa.org.au

General conditions and information on application

The award will be open to anyone residing in Western Australia. The committee may at its discretion award part of the funds to one or more separate applicants, award the total funds to one applicant, or alternatively refrain from awarding the funds to any applicant, depending on the quality of the applications.

The award is not expected to cover the total cost of Conference attendance. It will therefore be necessary for an applicant to ensure that other funding is available.

Applicants will be expected to give a presentation (oral or poster presentation) at the conference/forum. An abstract accepted by the conference organising committee should be submitted with the application.

On return the successful applicant will be expected to give a verbal report to WSWA, during a seminar, meeting or workshop conducted by WSWA, or a written report. The report can be on the topic presented by the applicant at the conference, the applicant's findings from the trip or other information. The topic and nature of the report will be decided through consultation between the applicant and WSWA.

THE WEEDS SOCIETY OF WA [INC]

Travel Award

Note that it is preferred that this form be filled in using MS-Word and returned to the secretary via email.

| | |
|------------------------------|----------------|
| 1. Name of applicant: | |
| 2. Work address: | |
| Tel: | E-mail: |

| |
|--|
| 3. Name of educational institution or employer: |
| |

| |
|--|
| 4. Qualifications (with date of graduation where relevant), present position and brief account of study/work/extra curricular activities that relate to weed research or weed management/control: |
| |
| |
| |

| |
|---|
| 5. Previous study, travel or residence overseas: |
| |
| |
| |
| |

| |
|--|
| 6. Reasons for travel: (include attachments where insufficient space is provided) |
| |

| | |
|------------------------------|------------------------|
| 7. Date of departure: | Date of return: |
|------------------------------|------------------------|

| |
|---|
| 8. Itinerary (including dates, places and contacts): |
| |
| |
| |

| |
|---|
| 9. Details of (a) the conference and its relevance to Australian conditions and (b) your contribution including paper title, authorship and any other involvement. Please include an abstract at the end of this document. If on a study tour (before or after the conference) give details of the planned activities: |
| (a) |
| |
| (b) |
| |

| | | |
|--|--------------------------------|-----------|
| 10. Financial support required: | | |
| a) Travel budget: | Airfares | \$ |
| | Accommodation and meals | \$ |

OFFICIAL

| | | |
|---|-------------------------|----|
| | Conference registration | \$ |
| | Other (specify) \$ | \$ |
| | Total \$ | |
| b) Sum sought as a travel award from WSWA | | \$ |
| c) To what extent is your employer likely to assist? | | \$ |
| d) Detail other sources and amounts of support sought/obtained: | | \$ |
| | | |
| | | |

11. Supporting statement: Any other information necessary for the consideration of this application.

| | |
|--|-----------------|
| 12. Please nominate two referees: | |
| 1. Name: | |
| | Address: |
| | Tel: |
| 2. Name: | |
| | Address: |
| | Tel: |
| | |

| | |
|--|--------------|
| Signature of applicant: | Date: |
| Signature of Secretary of WSWA: | Date: |

13. Please insert a conference abstract: