



**Association of Operating Practitioners Inc**

**PO Box 606**

**SUBIACO WA 6904**

**(Please Print)**

Name:	Membership No: Years of membership:
Telephone - Home: Telephone - Work: Telephone - Mobile: Email:	Address:
Place of employment:	Position held:
Amount of funding requested: \$	Name of conference/seminar:
Cost of registration: \$	Cost of accommodation (attach quotes): \$
Cost of transport (attach quotes): \$	Date funding required:

**Applicants must attach the original Seminar/Conference flyer or completed registration form.**

*Reason for attending: How will this improve your skills?*

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Are you prepared to provide the committee with a written report detailing how attendance at this event assisted you in your professional development?

Yes  No

Are you prepared to make a presentation on this event at an Association education facility?

Yes  No

Are you prepared to refund the Association the full amount granted to you in the event that you do not attend the function for any reason?

Yes  No

Please ensure that all supporting documentation is attached and forwarded to the secretary for processing at the next published committee meeting.

**Email address:** [aotpsecretary@gmail.com](mailto:aotpsecretary@gmail.com)

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**COMMITTEE USE ONLY – AUTHORISATION OF APPLICATION**

**Application approved** Yes  No  **Date:** \_\_\_\_\_

**Amount approved:** \_\_\_\_\_