



## **Sleep DownUnder Travel Awards ANZSSA Early Career Scientist Applicants**

The Sleep DownUnder Travel Awards aim to support conference attendance and enhance the professional growth of:

- Early career professionals
- Presenters without alternate funding
- Students actively pursuing an academic degree in the field of sleep

This form is for Early Career applicants. Please see [ASA Student Travel Award](#) for presenter / student grants.

### **To be eligible, all applicants must:**

- Hold ANZSSA associate, ordinary, or honorary membership
- Disclose all other sources of travel and associated funding
- Complete a conference program evaluation. Award disbursement will occur by reimbursement upon submission of program evaluation after conference conclusion.
- Complete and submit this application form on or before the application closing date.
- Have less than five years' experience and not exceed the salary limit, verified by supervisor / Dept. head

### **To apply for the Travel Award, please follow these steps:**

- Provide ANZSSA membership ID number
- Ensure applicant's salary does not exceed Scientist Grade 1 Year 5 (Vic public sector EBA, currently AUD \$85,243.60)
- Provide a signed copy of the Certification by Supervisor/Head of Department form, including verification of early career status.

Applications will be evaluated by the ANZSSA ASM Committee and applicants will be advised of the outcome prior to the earlybird registration deadline.



## CERTIFICATION BY SUPERVISOR/HEAD OF DEPARTMENT

I certify that \_\_\_\_\_ has less than 5 years' experience in sleep and is currently employed working in the field of sleep medicine in my laboratory/department.

He/she currently holds the position of (please check the appropriate position):

- Medical Scientist / Clinical Physiologist / Nurse
- Research Student
- Post-graduate research student
- Postdoctoral research fellow, within 2 years of completion of PhD

He/she is applying for:

- ANZSSA Early Career Scientist Travel Grant (earning less than AUD 85,243.60 per year)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Position: \_\_\_\_\_

Laboratory/Department: \_\_\_\_\_

Institution: \_\_\_\_\_

**Please complete this application form and return to [sleep@theconferencecompany.com](mailto:sleep@theconferencecompany.com) by 14 June 2024.**