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**SIG Funding Application Form**

**Special Interest Group Name:**

**Second Special Interest Group name if a joint application:**

**Convenor name (primary contact for this application):**

**Address:**

**Postcode:**

**Phone:**

**Email:**

**Convenor (primary contact a current financial member of AARE):**

**Name of proposed activity:**

**Date of proposed activity:**

**Date of proposed activity (if more than one day):**

**Venue of proposed activity:**

**Details of proposed activity:** (including type of activity, details of speakers, likely audience, outcome etc.)

**Detailed Budget:** (please provide a breakdown of expenses to be covered by the funding support)

**Will others sources of funding be sought for this activity?**

**If yes, please give details (for example attendance fee to be paid by participants/co-sponsorship):**

**How will AARE be acknowledged at the event?**

**How will the event be publicised?**

**Email the completed application form to** **sigs@aare.edu.au** **by COB May 31, 2021.**