Bursary

**Application form: for individuals seeking support**

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| About bursaries | * A bursary is a grant which will be used by the Queensland Mental Health Commission (the Commission) to pay for an eligible individual to attend a specified event and costs associated with attending the event. * No payment will be made directly to a bursary recipient prior to the event occurring. * The Commission’s approach to offering bursaries is outlined in its [Bursary Policy (corporate standard 0027)](https://www.qmhc.qld.gov.au/about/publications/browse/policies-registers-and-forms/bursary-policy)*.* Please read the policy before applying for a bursary. |
| Bursary recipient wellbeing | * You must determine for yourself that attending the event is unlikely to be detrimental to you mental and/or physical health and wellbeing. This includes undertaking any associated travel, being away from home, or not undertaking your usual routines. * The Commission will only support bursaries for attendance at events that have appropriate support mechanisms in place. |
| Expectations of bursary recipients | * If you have been granted a bursary for an event but for any reason you are unable to attend or participate, you or someone acting on your behalf must advise the Commission as soon as possible on 1300 855 945. * You may need to provide evidence of the reason for your inability to attend or participate (e.g. a medical certificate or other relevant documentation). * Where there is unexplained or unsatisfactory explanation for your absence from the event, you will be ineligible for future bursaries offered by the Commission and may be required to return any bursary costs expended to the Commission. |
| Priority | The Queensland Mental Health Commission will give priority to eligible individuals who:   1. are part of a relevant lived experience or community group or network 2. are willing and able to formally communicate and share experiences and learnings from attendance at the event with the Commission and others, e.g. written summary of learnings 3. will gain some individual/personal opportunity to develop their knowledge, skills and networks. |

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| **Section 1 – Applicant details** | | | | | | |
| * 1. **Name** |  | | | | | |
| * 1. **Eligibility**   To be eligible you must:   * be a Queensland resident * have no other means of attending, and * have a lived experience or be a member of a relevant community or population group, or be working in the mental health, alcohol and other drugs, and/or suicide prevention sectors in Queensland. | Do you live in Queensland?  Yes  No | | | | | |
| Do you have any other funding to support your attendance (e.g. professional development, student bursary, other)?  Yes  No | | | | | |
| Are you attending the proposed event because you identify as having one or more of the following lived experiences?   * A direct personal experience of mental illness and/or problematic alcohol and other drug use?  Yes  No * A family member, carer or support person, if you have regularly provided unpaid, care or support, for a person living with a mental illness and/or problematic alcohol and other drug use?  Yes  No * Have your experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way?  Yes  No | | | | | |
| Are you attending the proposed event as an unpaid representative of a community or particular population group?  Yes  No  *If yes:* Please state which community or population group you are representing:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Do you work in the mental health, alcohol and other drugs, and/or suicide prevention sectors in Queensland?  Yes  No  *If yes:* Please state which organisation you work for:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * 1. **Residential address** | **Street address/post box** |  | | | | |
| **Suburb/town** |  | **State** |  | **Postcode** |  |
| * 1. **Email address** |  | | | | | |
| * 1. **Phone number** |  | | | | | |
| * 1. **Carer/assistant**   This is only for people who require a carer/assistant to support their attendance/participation**.** | Do you have a requirement for a carer or other assistant to attend?  No Yes  *If yes:*  Do you have, or can you get, funding to use to support your carer or assistant to attend (e.g. through an NDIS funding package)  Yes  No  *If no:*  Will your carer or assistant need to attend the event with you?  Yes  No  Will your carer or assistant only need to be in the locality of the event?  Yes  No | | | | | |

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| **Section 2 – Event details** | | | | | | | | |
| 1. **Event name** |  | | | | | | | |
| 1. **Event purpose** |  | | | | | | | |
| 1. **Event duration** | **Number of days** |  | **Start date**  Click or tap to enter a date. | | | **End date**  Click or tap to enter a date. | | |
| 1. **Event venue and address**   Only events in Australia will be considered. | **Venue name** |  | | | | | | |
| **Street address** |  | | | | | | |
| **Suburb/Town** |  | | **State** |  | | **Postcode** |  |
| 1. **Event organiser’s details** | **Name** |  | | | | | | |
| **Phone number** |  | | | | | | |
| **Email** |  | | | | | | |
| 1. **Event registration cost** | $0.00  Is this the early bird rate?  Yes  No | | | | | | | |
| 1. **Other costs not included in registration**   This does not include travel and accommodation. | Pre-event workshop | | | $0.00 | Click or tap to enter a date. | | | |
| Post-event workshop | | | $0.00 | Click or tap to enter a date. | | | |
| Event dinner or networking | | | $0.00 | Click or tap to enter a date. | | | |
| Other: *please specify*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | $0.00 | Click or tap to enter a date. | | | |
| 1. **Why do you want to attend?** | Please provide a short explanation about why you want to attend this event. | | | | | | | |
| Please advise if you:   1. are willing and able to formally communicate and share your experiences and learning from attendance at the event with the Commission and others?   Yes  No   1. are a part of a relevant lived experience or community group or network?   Yes  No  *If yes:* Please name the group or network: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. **Event website/other information** | Event website (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Other information attached | | | | | | | |

**Other information**

The Commission will provide written advice as to the outcomes of your bursary application.

If you are successful, the Commission will arrange and make payment for event registration and where necessary any travel and/or accommodation.

Meal and incidental allowances will be paid after the event has concluded. Where appropriate, other transport costs (e.g. public transport, mileage allowance, parking) will be reimbursed after the event. The Commission will advise what evidence may be required to receive reimbursement for transport costs.

Taxi vouchers will be sent to you prior to the event if required. You may need to return the taxi voucher stubs and receipts.

The Commission may require you to complete paperwork to enable the payment of allowances or reimbursement of transport costs.

**Submitting your application**

Please send your completed application form to the Queensland Mental Health Commission via email to [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au) or via post to PO Box 13027, George Street, Brisbane QLD 4003.