

2025 Conference Attendance Grant Application Form

Form Preview

2025 Lowitja Institute Conference Attendance Grant

About the 2025 Conference Attendance Grant

Lowitja Institute is proud to offer a number of small conference attendance grants to attend the Lowitja Institute 4th International Indigenous Health and Wellbeing Conference on Kurna country, 16-19 June 2025.

Grants are supported by the Department of Health and Aged Care, the OCHRe Network, and our generous sponsors.

The conference attendance grants provide support for Aboriginal and Torres Strait Islander students and community members to attend the conference to increase their networking opportunities with Aboriginal and Torres Strait Islander communities and experts, engage with international Indigenous leaders in the field of health and wellbeing, and contribute to a diverse program of knowledge translation to contribute to their professional and personal development.

If you have any questions or require support in completing your Conference Attendance Grant application form, please contact the team via conference@lowitja.org.au

What each grant includes

- One full conference registration, including the Pre-Conference Gathering, Opening Reception and Conference Gala Dinner.
- Accommodation at a Lowitja Institute selected conference partner hotel (up to five nights). Any additional nights will be at the applicants expense.
- Travel expenses to and from the conference from your nearest major transport centre. Lowitja Institute will liaise with you before securing flight times and dates, however there may be limited availability. The grant does not cover any expenses related to changing flight times, dates or destinations once booked.
- Costs are paid directly to the supplier by Lowitja Institute. If registration costs have already been incurred, this will be reimbursed.

The grant does not cover any personal expenses and incidentals incurred for your attendance at the conference.

Who can apply?

- Aboriginal and Torres Strait Islander **students** currently enrolled in a course or discipline related to Aboriginal and Torres Strait Islander health and wellbeing, and/or
- Aboriginal and Torres Strait Islander **community members** currently employed in an Aboriginal and Torres Strait Islander organisation, in the health and community service sector in Australia, and
- Are a current individual member, or have applied to be a member, of Lowitja Institute, and
- PhD Students applying must be a current member, or have applied to be a member, of the OCHRe Network.

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Membership application forms Lowitja Institute membership application form: <https://www.lowitja.org.au/members/individual-members/OCHRe> Network membership application form: <https://www.ochrenetwork.org/eoi-form>

Application requirements

- Fully completed application form submitted by the due date in the SmartyGrants portal.
- Provide confirmation of Aboriginality or Torres Strait Islander descent.
- Provide evidence of current student enrolment (if applicable).
- Provide evidence of employer support for conference bursary (if applicable).
- Tell us why you would like to attend the conference.
- Briefly outline how attending the conference will benefit your current studies or employment.
- Tell us how attending the conference will support you or your community's involvement in research leadership.
- Provide a letter of support by your employer (or research supervisor) addressing the selection criteria. Employers must acknowledge their support for your attendance at the conference if awarded.
- Provide a high resolution headshot and brief biography (to be used for reporting and promotional purposes).
- Agree to Terms and Conditions of the conference attendance grant including providing a brief post-conference attendance evaluation report.

Selection criteria

1. Impact - demonstrates how the conference attendance grant will positively impact their personal and professional endeavours and aspirations.
2. Development of skills and knowledge - articulates how the conference attendance grant will support the professional development of the applicants skills and knowledge in relation to Aboriginal and Torres Strait Islander health and wellbeing.
3. Benefit - describes how conference attendance will benefit their studies or community organisation with the knowledge and experience gained.

Applicant details

* indicates a required field

Applicant name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Email address *

Must be an email address.

Phone number *

Must be an Australian phone number.

Do you identify as Aboriginal and/or Torres Strait Islander? *

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither Aboriginal and Torres Strait Islander

Please upload a copy of your Confirmation of Aboriginality or Torres Strait Islander descent. *

Attach a file:

Confirmation must include the common seal and signed by the chairperson of an Aboriginal and Torres Strait Islander Land Council, or an incorporated Aboriginal and Torres Strait Islander organisation in whose area the person lives or has previously lived.

Are you a current Lowitja Institute member? *

- Yes
- No

Have you submitted an abstract to present at the 2025 Lowitja Institute Health and Wellbeing Conference? *

- Yes
- No

Note: submitting an abstract does not guarantee you will be awarded a conference attendance grant.

Has your 2025 Lowitja Institute Health and Wellbeing Conference registration already been paid for? *

- Yes
- No

If you have already paid for your conference registration and your application is successful, you will be reimbursed for this cost.

Lowitja Institute Membership

Successful applicants must be a current individual member, or have applied to be a member, of the Lowitja Institute.

Please complete your membership application form here: <https://www.lowitja.org.au/members/individual-members/>

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Have you applied to be a Lowitja Institute member? *

- Yes
- No

Grant type

* indicates a required field

Are you applying as an Aboriginal or Torres Strait Islander student or community member? *

- Student
- Community member

Student application

Which institution are you currently enrolled? *

What is the name of the course you are enrolled in? *

Are you studying full time or part time? *

- Full time
- Part time

What type of course/degree are you currently studying? *

- Diploma
- Certificate
- Bachelor degree
- Masters (Coursework)
- Higher degree by research (Masters or PhD)
- Other:

At least 1 choice and no more than 2 choices may be selected.

Are you a current or past Lowitja Institute scholar? *

- Yes
- No

Are you a current OCHRe Network member? *

- Yes
- No

Please provide evidence of your current student enrolment. *

Attach a file:

This can be a copy of your current enrolment, transcript or support letter from your institution confirming your enrolment.

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OCHRe Network Membership

For PhD students applying for a conference attendance grant, you must be a current member, or have applied to be a member, of the OCHRe Network.

Please complete your membership application form here: <https://www.ochrenetwork.org/eoi-form>

Have you applied to be an OCHRe Network member? *

- Yes
- No

Higher degree by research student

This section tells us more about your Higher Degree by Research.

What is the title of your research project? *

What date did you commence? *

Must be a date.

What date are you expected to finish? *

Must be a date.

Please provide a brief summary of your research project. *

Word count:

Must be no more than 200 words.

If your application is successful, do you commit to attending a PhD Masterclass with the OCHRe Network and Poche Centre Melbourne on Monday 16 June 2025 in Adelaide as part of this grant application? *

- Yes
- No

Community member application

Which community controlled organisation do you work? *

Organisation Name

Organisation ABN *

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The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

What type of area does your organisation service? *

- Rural
- Remote
- Urban
- Other:

No more than 1 choice may be selected.

Is your organisation a current or past Lowitja Institute grant recipient? *

- Yes
- No

Does your employer support your application for a Conference Attendance Grant as well as attendance at the 2025 Lowitja Institute Health and Wellbeing Conference? *

- Yes
- No

If your application is successful, conference attendance grants are awarded on an individual basis and are unable to be transferred to other employers within your organisation.

Please provide evidence of your employers support for this application. *

Attach a file:

If your application is successful, conference attendance grants are awarded on an individual basis and are unable to be transferred to other employers within your organisation.

What type of grant has your organisation previously been awarded? *

- Major Grant
- Seeding Grant
- Other:

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Selection criteria

* indicates a required field

Tell us why you would personally like to attend the 2025 Lowitja Institute Health and Wellbeing Conference. *

Word count:
Must be no more than 200 words.

How will attending the 2025 Lowitja Institute Health and Wellbeing Conference benefit your studies and/or professional development? *

Word count:
Must be no more than 200 words.

How will attending the 2025 Lowitja Institute Health and Wellbeing Conference support you or your community's involvement in research leadership? *

Word count:
Must be no more than 200 words.

Support letter

* indicates a required field

Please provide a support letter from a current employer or community member briefly addressing the selection criteria and support for your attendance. *

Attach a file:

Image and biography

* indicates a required field

If you are a successful applicant, a clear headshot and short biography is required for use on conference promotional materials and social medial platforms.

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Please upload a clear, high resolution headshot. *

Attach a file:

Please provide a short biography. *

Word count:

Must be no more than 200 words.

Travel details

*** indicates a required field**

If you are the successful applicant, all travel and accommodation bookings will be made by Lowitja Institute on your behalf. There will be no capacity for changes to be made once the booking has been secured.

Please note the details you provide below will be confirmed with you if you are the successful applicant prior to any bookings being made.

All accommodation bookings will be made at a selected conference partner hotel.

What is your nearest airport or major travel centre that you will be travelling in and out of? *

Are there any additional travel details or requirements that Lowitja Institute needs to be aware of when making your travel arrangements? *

Terms and conditions

*** indicates a required field**

I understand that if successful, Lowitja Institute will make all travel arrangements and bookings on my behalf and I will be required to complete a travel request form within 3 days of this being provided. *

- Yes
- No

I understand that there will be no capacity for changes to be made for travel and accommodation arrangements and any additional expenses related to changes of travel will be incurred by me. *

- Yes
- No

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I understand that the conference attendance grant is unable to be transferred to another individual, even if they work in the same organisation. *

- Yes
- No

I agree to provide a brief post-conference evaluation report about attendance to be used for reporting and promotional purposes. *

- Yes
- No

Applicant declaration

* indicates a required field

I declare that the information supplied in this application is true and correct. I have original copies of all submitted documents and I understand that the Lowitja Institute may request sighting the original documents for the purpose of verification. I acknowledge that all documents submitted will become the property of the Lowitja Institute and, as such, will not be returned to me. *

- Yes
- No

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.