

Full Application: Felice Rosemary Lloyd Trust Physio Scholarship Form Preview

Privacy Statement

Equity Trustees Limited, Equity Trustees Superannuation Limited, and Equity Trustees Wealth Services Limited ('the EQT Group') are committed to protecting your privacy and supporting the Australian Privacy Principles under the Privacy Act 1988 (Cth).

Our Privacy Statement is available [here](#) and is intended to inform you about the following:

- the type of personal information that we collect;
- the manner in which we collect your personal information;
- the main purposes for which we use that information;
- how you can access, correct or update any personal information that we hold about you; and
- how we keep the information secure.

Before submitting your application, please ensure you have read [Equity Trustees' Privacy Statement](#).

If this Grant Application is successful, Equity Trustees may make public your project description, the name of your organisation and the grant amount awarded to you.

Instructions

1. Completing your Form

You may fill in the form in any order you choose. Move between the pages of the form using the Form Navigation menu at the right of screen. Or, click the Next Page and Previous Page buttons at the top or bottom of the page.

2. Completing your Form in a group/team

You can share your applicant login details to allow colleagues to work on a form with you. However, avoid editing the form at the same time as somebody else.

3. Saving your draft Form and returning later

Your form is automatically saved each time you move between pages. You can also click the Save button at the top of the page, which you should do when logging out or leaving the computer for an extended period. Your saved form will be available for you to continue next time you log in.

4. Submitting your Form

To submit your form, you must click the Submit button on the final Review page of the form.

Your form will not submit if: - You have failed to answer any compulsory questions. - You have exceeded any word limits. - You have entered any other invalid data (such as an invalid ABN).

5. Form submission confirmation

After submitting you will receive a confirmation email including a PDF copy of your form. If you do not receive this email, contact Equity Trustees to confirm we have received your form.

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Further Support

Technical Support or Questions about Eligibility and Guidelines

Please email Equity Trustees at charities@eqt.com.au, quoting your application number if applicable.

Contact Details

* indicates a required field

Sponsoring Organisation Details (Institution, Department etc)

Organisation Name *

ABN *

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	

Postal Address *

Address

Suburb State Postcode

Phone *

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Email *

DGR Item Number *

- ☐ 1
☐ 2
☐ None

Applicant

Full Name *

Title

First Name

Last Name

Postal Address *

Address

Suburb State Postcode

Phone *

Email Address *

Institution, place and date of your physiotherapy qualifications, and any current studies *

Institution or organisation at which you currently work *

Optional: Research Office Contact

Many university departments and research institutions have a central Grants Office that support and track grant applications made by researchers connected to their institution. If your institution/department has such an office, please provide the details below and we will forward correspondence about your application (and any grant payments) to it.

Full Name

Title

First Name

Last Name

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Postal Address

Address

Suburb State Postcode

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Phone

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Email Address

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Project Summary

* indicates a required field

Important: If you draft your application in Microsoft Word and then paste your answers into this form, we would appreciate if you could avoid using Word's automated bullets and numbered lists. These cause formatting issues when we print your application for assessment.

If possible, please switch off Word's auto-formatting options for lists. You can then manually type numbered lists, or use asterisks * or hyphens - in the place of bullets.

Project Title *

--

Location(s) at which you intend to carry out your project

--

Brief Project Summary *

--

Word count:

Must be no more than 100 words

Project objectives and expected outcomes

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Word count:

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Word limit: 200 words

Anticipated Project Start Date *

Must be a date after May 2025

Anticipated Project End Date *

Can be any date

Grant Amount

Grant Amount Requested *

Must be a dollar amount and no more than 10000.
Must be a dollar amount

Total Project Cost *

Project Description

Please provide a detailed description of your project. You may like to touch on some of the following points:

- Where you will go; - What you hope to experience; - Who you want to meet with; - Studies or work you plan to undertake; - Areas of research or work you wish to focus on; - Any other relevant information.

Word count:

Word limit: 1500

Please provide a brief explanation and schedule of how you plan to disseminate what you learn to advance physiotherapy in Victoria on completion of the project

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Project Budget

Budget

Please upload your budgeted expenses and other funding sources in a format suitable to you,

or

Complete the budget tool below.

Please upload your budgeted expenses and other funding sources in a format suitable to you

Attach a file:

Expenditure

Please itemise your expected expenditure for this project:

Expenses (flights, accommodation etc)	Expenditure Amount
---------------------------------------	--------------------

	\$
	\$
	\$
	\$

Sources of financial support

Please itemise your confirmed and unconfirmed income sources for this project:

Income Source	Income Amount	Confirmed?
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Felice Rosemary Lloyd Trust	\$	
	\$	
	\$	
	\$	

Referee Report

* indicates a required field

Guidelines for Referee Reports

Please provide the information below to the nominated Referee upon requesting the Referee Report.

The purpose of the Trust is to further the development of the physiotherapy profession in Victoria through research and education, by providing annual scholarships that allow recipients to travel and study overseas. These scholarships are not intended to be purely

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about gaining post-graduate academic qualifications. The sub-committee gives at least equal importance to those applicants seeking to gain professional experience in the field of physiotherapy. Preference for scholarships is given to:

- Individuals, less than 35 years old, who have graduated within the last five to ten years;
- Graduates who wish to travel overseas to further professional expertise and knowledge in physiotherapy; and
- Graduates who can clearly demonstrate how they will disseminate the benefit of their study and experience to the physiotherapy profession in Victoria.

Referees are invited to submit a report about the applicant and his/her research proposal, including comments on the following:

1. Where a research project is being undertaken:
 - The applicant has the knowledge, skills and creativity to pursue the research program that has been proposed; and
 - Your views on (or assessment of) the quality of the research proposal.
2. The importance or value to the physiotherapy profession in Victoria of the knowledge that would be gained by the applicant through their proposed study/research/travel.
3. How you see the applicant's future in physiotherapy.
4. Where you would place the applicant with respect to the relevant peer group.

Referees' reports are treated as **strictly confidential** and will be available only to members of the Felice Rosemary Lloyd Trust sub-committee and the Trustee.

Referee Report

Please provide one written reference for the scholarship applicant from an academic or professional (work-based) supervisor.

Please upload your letter of support

Attach a file:

Referee Information

Referee *

Title

First Name

Last Name

Organisation (for whom the Referee works or with whom the Referee is associated) *

Position / Title *

Phone *

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Email Address *

Relationship to applicant *

Application Checklist and Certification

** indicates a required field*

Application Checklist

I am applying on behalf of a charitable organisation that has the relevant tax exemptions. *

☐ Yes

The proposed project/ initiative fits within the Guidelines of the Grant Round *

☐ Yes

I have read the Privacy Statement on page 1 of this application and agree to the conditions therein. *

☐ Yes

Certification

By lodging this application:

- I certify that to the best of my knowledge the statements made in this Grant Application and supporting documents are true.
- I consent to the information contained within this Grant Application being disclosed to or by Equity Trustees for the purpose of assessing, administering and monitoring this and any future Grant Applications.
- I understand that if Equity Trustees approves this Grant Application, my organisation will be bound by the contents of this Grant Application to carry out the project as described herein and in accordance with the grant conditions, timeline for completion and reporting requirements as set out in Equity Trustee's Letter of Approval to the successful applicant.*
- I consent to Equity Trustees making public any successful Grant Applications, including the project description, the name of your organisation and the grant amount awarded to you.

** Timelines for completion and reporting requirements are dependent on the particular grant and can be changed subject to agreement between the successful applicant and Equity Trustees. For most grants, successful applicants will be required to submit an annual*

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progress report for the duration of the grant and a final report within two months of the completion of the grant period. These reports will fall due annually on the date that the grant was awarded unless otherwise agreed.

Please enter your name below to signify agreement to this Certification.

Name *

Position / Title *

One more step ...

YOU MUST FOLLOW THESE STEPS TO SUBMIT YOUR FORM

1. Click the "Review" button at the top right of this form.
2. If necessary, review your answers.

Important: Form submission is **final**. You cannot make changes to your form after it has been submitted.

3. When ready to submit, click the "Submit" button at the top right of the form.
4. Shortly after submitting you will receive a confirmation email including a PDF copy of your form.

Important: If you do not receive this confirmation email, your form may have failed to submit. Please check your spam mail folder, or contact Equity Trustees at charities@eqt.com.au to confirm we have received your form.

Are you having trouble submitting?

If you have any questions regarding the submission of your form, please refer to the help contact details on Page 1 of the form.