

AQIPA

Application for for the ISPO grant

Identification of the applicant :

1. Name of the applicant : _____
2. Profession : _____
3. Place of practice and clientele : _____
4. Address : _____
5. Telephone number : _____
6. E-mail : _____
7. Member of AQIPA since _____ years

Implication of the applicant with people with a limb amputation :

1. Clinical _____ Number of years _____

Specify :

2. Administrative _____ Number of years _____

Specify :

3. Teaching _____ Number of years _____

Specify :

Implication of the applicant in the AQIPA

AQIPA biennial congress: year(s) _____

Function:

Organising AQIPA's golf tournament : Year(s) _____

Function :

Implication of the applicant in the AQIPA (cont'd)

Attendance at AQIPA's congress : year(s) _____

Lecturer at the AQIPA's congress: year(s) _____

Other participation : Specify

Function :

Advantages to the AQIPA :

How do you expect to present your summary of the activity to the AQIPA (written résumé, conferences at a congress, lectures in your clinical setting)?

In your facility?

In your region?

At the Board of Directors of the AQIPA

At the Annual General Meeting of the AQIPA?

At the AQIPA's biennial congress or Canadian Amputee Coalition?

Finances :

1. Total cost of the activity : _____

2. Amount requested from AQIPA: _____

3. Other means of financial assistance:

Facility / organism : _____

Amount : _____

4. Other financial assistance obtained :

Facility / organism : _____

Amount : _____

5. Did you ever receive a grant from AQIPA for the ISPO congress?

Yes ____ No ____ If yes, in which year? _____

Send your application to Christiane Gauthier: christiane.gagnon@sympatico.ca