**2025 BPA Carers Support Bursary**

**Conditions of Award**

The BPA Carers Support Bursary for 2025 can be used to support members attending the annual scientific meeting. The main aim of these awards is to facilitate attendance at the meeting by providing financial support for carer responsibilities.

By signing these Conditions of Award, the awardee accepts all conditions. This includes acknowledging that funding will be issued by way of reimbursement. The awardee also acknowledges that funds must be used for expenses directly related to carer responsibilities, which can be used for a range of activities that assist with caring for a family member. The value of the award is for AU$300. A justification of expenses will need to be provided and the Bursary will be reimbursed with evidence of appropriate use. A maximum of seven (7) Bursaries will be awarded.

**Eligibility:**

1. Applicants must be a paid member of Biological Psychiatry Australia
2. Applicants must be registered to attend the annual scientific meeting.

**Grant Conditions:**

To be awarded a BPA Carers Support Bursary it is necessary to:

1. Submit a BPA Carers Support Bursary application form (including proof of current BPA membership).
2. Submit a signed agreement to these Conditions of Award

If awarded a BPA Carers Support Bursary, the following are necessary:

1. Awardees must redeem the award during the annual scientific meeting
2. Awardees must comply with financial and reporting guidelines described below.

**Financial Conditions:**

The BPA Carers Support Bursary may only be utilised to support costs associated with carer responsibilities to attend the annual scientific meeting. Funding up to AU$300 will be reimbursed to applicants. The awardee is responsible for the expenditure of the award as well as maintaining supporting records of receipts and expenditures.

Upon completion of the award’s use, email biolpsychaust@gmail.com to obtain the relevant reimbursement forms. It is expected that awardees will return the completed reimbursement form and provide proof of purchases/quotes/expenses to the BPA treasurer within 2 weeks after use of the award. BPA exercises its power to terminate an award or refrain from reimbursing applicants if the award is not used exclusively as outlined in the application form and Conditions of Award set above.

**2025 BPA Carers Support Bursary**

**Application form**

**Personal Details:**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a paid member of BPA? Y/N

Have you registered for the annual scientific meeting? Y/N

Brief statement on proposed use of the bursary (200 words max)

**Agreement Statement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that:

● I have read the Conditions of Award for the BPA Carers Support Bursary.

● I understand and agree to abide by these conditions.

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Applicant Signature Date