

Financial Support and Grants

Information for Applicants

Continence NZ offers limited financial support to assist members to attend continence-related conferences, education, or formal learning opportunities that support professional development and continence care in Aotearoa New Zealand.

Eligibility

Members may apply for conference support after three consecutive years of Continence NZ membership. Applications are considered on a case-by-case basis, and funding is not guaranteed.

Available Funding

The following grant amounts are available:

- National conference: up to \$500 per applicant
(maximum total of \$2,000 allocated across all applicants per year)
- International conference: up to \$1,000 per applicant
(maximum total of \$4,000 allocated across all applicants per year)

Funding is limited and will be allocated until the annual funding pool has been exhausted.

Application Process

To apply, eligible members should complete the Application Form below. The form asks for basic information about the event, estimated costs, and how attending the event will benefit your professional practice and the wider continence community.

Applications are assessed based on:

- relevance of the event to continence care
- clarity of purpose for attending
- expected impact on the applicant's work and service
- plans to share learning with colleagues or the wider sector

All applications are reviewed by the Continence NZ Executive Committee. Please note that funding is limited and not guaranteed.

Expectations of Successful Applicants

Recipients of funding are expected to share key learnings from the event. This may include:

- presenting a short summary to colleagues or their team
- contributing a short article or summary for Continence NZ
- sharing insights with the Continence NZ professional community
- presenting at a Continence NZ education event

Questions

If you would like to discuss your application before submitting, please contact our Administration Coordinator at admin@continence.org.nz

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Application Form

Please complete all sections. Applications are assessed based on clarity of purpose and expected impact for the applicant and the wider continence community.

Applicant Details

Full Name: _____

Email: _____

Role/Organisation: _____

Annual caseload: _____

Event Details

Event/Course Name: _____

Location & Date(s): _____

Total Cost (include a cost breakdown): \$ _____

Amount Requested from Continence NZ: \$ _____

Purpose and Impact

In 400–600 words, please describe:

- Why you are applying
- What you hope to learn or achieve
- How this will benefit your workplace and/or the wider continence sector
- How you will share the knowledge gained

Expected Outcomes

List up to three practical outcomes or actions that will result from this funding:

1. _____
2. _____
3. _____

Declaration

I confirm that the information provided is accurate and that I meet the eligibility criteria. If successful, I agree to provide a short written summary or share key learnings with Continence NZ members.

Signature: _____

Date: _____