



# APLAR-ASia-Pacific Initiative for Rheumatology Nurse Education (APLAR-ASPIRE) Education Grants Application Form

## 1. GENERAL INFORMATION

The APLAR-ASPIRE Education Grants aim to improve rheumatology patient care through quality medical education. These grants are available specifically to support educational activities relating to the ASPIRE core training modules which has been reviewed and endorsed by the APLAR Education Committee.

Two types of awards are available:

- **APLAR-ASPIRE Education Grant I: SGD 1,000** will be awarded to support the organization of small meetings with at least 20 participants
- **APLAR-ASPIRE Education Grant II: SGD 2,500** will be awarded to support the organization of larger meetings with at least 50 participants

These grants are available thanks to an independent grant from Janssen.

## 2. ELIGIBILITY

Rheumatologists, nurses, hospitals, healthcare centres, academic institutions, professional associations, patient societies, research bodies with an interest in rheumatology are eligible to apply.

The grants are only available to support meetings held in Asia Pacific.

Employees of institutions which is currently represented as part of the APLAR committee of that year are ineligible and excluded from grant application.

## 3. APPLICATION PROCESS

An application consists of submission of this completed application form and all supporting documentation relating to the application. You should fill in all spaces on the application form. If a question does not apply, write 'not applicable' or 'N/A' in the space.

Please note that the information on this form are collected to make recommendations to the APLAR Education Committee. The information may be passed to third parties for assessment purposes.

Completed application forms should be emailed to the **APLAR Office** at [secretariat.aplar@gmail.com](mailto:secretariat.aplar@gmail.com) at least 8 weeks before your scheduled meeting.

If you have any questions about the grant or application, please contact [secretariat.aplar@gmail.com](mailto:secretariat.aplar@gmail.com).

Useful information for your application:

- [ASPIRE core training modules](#)
- [APLAR-ASPIRE Education Grants](#)

Successful recipients of the grants are required to complete a post-event documentation form.



**I certify that:**

I have read, understood and complied with the APLAR-ASPIRE Education Grants criteria and to the best of my knowledge all details provided in this application form and in any supporting documentation are true and complete in accordance with these grant rules. I will notify APLAR if there are any changes after the submission of this application.

Should this application for funds be successful, I agree to submit the completed post-event documentation form provided by APLAR, with relevant supporting documents within 2 weeks of the meeting date.

If my application is successful, I agree to spend the funds as indicated in this application. If the funds are not spent for the educational activity indicated in this application, I agree to refund the grant received or request an extension. Please note that requests to change how the grant is spent can be made to the grant coordinator for consideration (minor changes within the intent of the grant will most likely be approved).

Signature of applicant/authorized representative : \_\_\_\_\_

Name of applicant/authorized representative : \_\_\_\_\_

Job title : \_\_\_\_\_

Date : \_\_\_\_\_



## PART A – TYPE OF GRANT

Please indicate (X) which grant you are applying for. If you would like to apply for more than one, please submit separate applications for each grant

- APLAR-ASPIRE Education Grant I  
**SGD 1,000** to support small meetings with at least 20 participants
  
- APLAR-ASPIRE Education Grant II  
**SGD 2,500** to support larger meetings with at least 50 participants

## PART B – DETAILS OF APPLICANT/AUTHORIZED REPRESENTATIVE

Name (please enter your full name as shown on your identity documents):

Job title : \_\_\_\_\_

Organization : \_\_\_\_\_

Mailing address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode : \_\_\_\_\_

City : \_\_\_\_\_

Country : \_\_\_\_\_

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

Mobile number : \_\_\_\_\_

E-mail address : \_\_\_\_\_



## PART C – DETAILS OF INSTITUTION/ORGANIZATION

You MUST complete this section if you are applying on behalf of your institution/organization

Name of organization : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Postcode : \_\_\_\_\_

City : \_\_\_\_\_

Country : \_\_\_\_\_

Website : \_\_\_\_\_

Please choose (X) the type of your organization:

Government agency

Professional association

University/college/academic Institution

Other (please specify)

Public hospital/clinic/healthcare centre

Private hospital/clinic/healthcare centre

\_\_\_\_\_

Provide any relevant background information about your institution/organization, especially in relation to rheumatology (e.g., 'my hospital has a rheumatology clinic', 'our area health service trains nurses who work in small district hospitals that does follow-up care for rheumatology patients'). Please limit your response to no more than 200 words.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PART D – DESCRIPTION OF EDUCATIONAL ACTIVITY

Please attach the **proposed agenda** of the meeting with your application.

Meeting title

Meeting aims and objectives (Please limit your response to no more than 200 words)

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Please indicate which of the following ASPIRE core training modules will be used. Select all that apply:

- Module 1: Patient assessment
- Module 2: Treatment and self-management education
- Module 3: Disease monitoring and follow-up care

Date of meeting : \_\_\_\_\_

Duration of meeting : \_\_\_\_\_

Location of meeting : \_\_\_\_\_

Provide details on existing resources for the organization of the meeting (e.g., meeting room, on-site staff, projector, screen, computer, audio, auxiliary equipment, handouts, etc.)

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Provide details on the qualifications of the trainers/speakers (e.g., name, academic qualification, professional certification, experience in rheumatology, training experience)

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Expected number of participants : \_\_\_\_\_



Please choose (X) the type of participants. Select all that apply:

- Rheumatology nurses
- Nurses
- Student nurses
- Medical trainees
- Medical students
- Other healthcare professionals
- Other (please specify)

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Has this program been awarded any continuing medical education points?

- Yes
- No
- In progress

If yes or "in progress", please provide details on the institution or professional body awarding the continuing medical education point(s).

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**PART E – DETAILS ON FUNDING**

What will the grant funds be used for?

- Venue rental
- Equipment rental
- Printing costs of APLAR-ASPIRE materials
- Breakfast, lunch, dinner and refreshments\*
- Other (please specify)

\_\_\_\_\_

\*Cost of the meals to be reasonable and modest – Limits for breakfast, lunch, dinner and refreshments are specified in Exhibit A

If you have any comments or would like to provide further information, please use the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR APLAR USE ONLY</b>	
Application number :	_____
Date :	_____
Comments :	_____ _____ _____

## EXHIBIT A: MEAL LIMITS

Country	Currency	Breakfast	Lunch	Dinner	Light refreshment (Maximum 2 snacks per day)	Remarks
Australia	AUD	45.00	45.00	100.00	Not applicable	
China	CNY	200.00	300.00	300.00	50.00	
Hong Kong SAR, China	HKD	310.00	400.00	700.00	310.00	
India	INR	2,000.00	3,000.00	6,500.00	2,000.00	
Indonesia	IND	350,000.00	500,000.00	500,000.00	350,000.00	
Japan	JPY	Not applicable	10,000.00	10,000.00	3,000.00	
Malaysia	MYR	30.00	70.00	150.00	30.00	
Philippines	PHP	1,250.00	2,000.00	2,500.00	800.00	
Singapore	SGD	40.00	70.00	120.00	20.00	
South Korea	KRW	20,000.00 *Daily meal limit to Healthcare Professionals (HCP) working in public institutions and government officials.				
South Korea	KRW	45,000.00	65,000.00	100,000.00	Not applicable	Meal limit is applicable to HCPs working in private institutions.
Taiwan	TWD	1,200.00	1,800.00	3,000.00	1,200.00	Total max meal limit per day is TWD3,500.00
Thailand	THB	1,000.00	1,500.00	3,000.00	800.00	Pre-approval from Janssen is needed for all meals with government officials
Vietnam	VND	300,000.00	600,000.00	600,000.00	Not applicable	

All meal limits listed in Exhibit A are inclusive of tax and service charge.