**Diversey – A Solenis Company**

**National Education Conference Scholarship**

**Form 32A – Applicant Information**

Before submitting an application, review the application guidelines and submission instructions posted at: <https://ipac-canada.org/diversey-scholarship.php> . Remember to complete and submit both Forms 32A and Form 32B, as well as the employer attestation, with your application. All sections of the application must be completed. Where there is no information to be provided, state “Not applicable.”

I am applying for the [ ]  in-person conference – or – [ ]  virtual conference.

|  |
| --- |
| **Part 1: Applicant Information**  |
| Full Name:  | Click here to enter text. |
| Academic Designation(s): | Click here to enter text. |
| Department:  | Click here to enter text. |
| Facility/Institution Name:  | Click here to enter text. |
| Full Address:  | Click here to enter text. |
| Telephone:  | Click here to enter text. |
| Email:  | Click here to enter text. |
| Number of years employed in infection prevention and control: | Click here to enter text. |
| Current IPAC Canada member for at least 1 year by application deadline (Required):  | Choose an item. |
| I will be employed in IPAC throughout the conference.  | Choose an item. |
| IPAC Canada Membership Number: | Click here to enter text. |
| IPAC Canada Chapter Membership Name: *\* complete Form 32B on Chapter activities*  | Click or tap here to enter text. |
| Hold a current certification from the Certification Board of Infection Control & Epidemiology, Inc**.** (CBIC**®**) | Choose an item. |
| Year of certification or last recertification  | Click or tap here to enter text. |

|  |
| --- |
| **Part 2: IPAC Canada Activity in the Past 5 Years** |
| List role(s) on IPAC Canada Board: | Click here to enter text. |
| List role(s) on IPAC Canada Internal Committees or Workgroups:  | Click here to enter text. |
| List role(s) as an IPAC Canada representative on External Committees or Workgroups:  | Click here to enter text. |
| List Interest Group Executive role(s) (e.g. Chair, Secretary, etc.):  | Click here to enter text. |
| List current Interest Group membership(s): | Click here to enter text. |
| List participation in IPAC Canada projects (e.g. volunteered at a conference, participated on a national project, etc.): | Click here to enter text. |
| List nominations or awards received from IPAC Canada: | Click here to enter text. |
| List submissions to the Ecolab Poster Contest and/or the DEI Poster Contest: | Click here to enter text. |
| List presentations delivered at IPAC Canada education sessions:  | Click here to enter text. |
| List articles submitted to the Canadian Journal of Infection Control (CJIC): | Click here to enter text. |
| List abstracts submitted to past IPAC Canada conferences: | Click here to enter text. |
| List past oral and poster presentations delivered at IPAC Canada conferences: | Click here to enter text. |
| Are you submitting an abstract(s) to the 2025 conference? | Choose an item. |
| State the working title of the abstract submitted for the current conference:Click here to enter text. |
| Provide a brief outline of the abstract submitted for the current conference (summarize content; actual text to be submitted with abstract is not required): Click here to enter text. |

**□**

|  |
| --- |
| **Part 3: Activity Outside of IPAC Canada in the Past 5 Years**  |
| List participation in infection prevention and control related projects: | Click here to enter text. |
| List infection prevention and control related working groups/committee memberships: | Click here to enter text. |
| List abstracts submitted to infection prevention and control related conferences: | Click here to enter text. |
| List nominations and awards received for infection prevention and control related work:  | Click here to enter text. |

|  |
| --- |
| **Part 4: Written Statement** |
| Describe what you would gain from attending the conference, how you will apply what you learn and why you should be chosen for a scholarship (**Max. 250 words** or approx. ½ page).  |
| Click or tap here to enter text. |

|  |
| --- |
| **Part 5: Conference Attendance and Funding**  |
| Previous IPAC Conference attendance:  | Choose an item. |
| List awards, scholarships and bursaries awarded and when. Applicants who have received an IPAC Canada scholarship within the past 5 years are not eligible for the 2025 Scholarship.   | Click here to enter text. |
| Funding requested for:Travel (indicate estimated amount) |  |
| Funding requested for:Hotel accommodation (maximum 3 nights) – to maximum of conference hotel $260 per night including taxes |  |
| Funding requested for registration (Indicate in-person ($1,000) or virtual registration ($600))  |  |
| TOTAL FUNDING REQUEST |  |
| **Part 6: Release** |
| *I understand that expenses eligible for reimbursement are 2025 National Education Conference registration fees, travel and accommodation – or – 2025 National Education Conference virtual registration fees.* *I understand that if I am successful and receive a scholarship, I will be provided with a discount code to register for the conference.* *All applicants and Recipients must comply with the rules and requirements set by IPAC Canada. Each applicant and Recipient agrees that Diversey-A Solenis Company., its affiliates, IPAC Canada and their respective directors, officers, employees, agents and assigns are released from any claims, damages, costs or expenses relating to the awarding of the scholarship or the scholarship itself.* |
| **Submission of this application indicates the applicant’s name and photograph may be published:** | Choose an item. |
| **Signature (Required):** |  |

**Diversey Inc.**

**National Education Conference Scholarship**

**Form 32B – Chapter Activity**

Before submitting an application, review the application guidelines and submission instructions posted at: <https://ipac-canada.org/diversey-scholarship.php> . Remember to complete and submit both Forms 32A and Form 32B with your application. All sections of the application must be completed. Where there is no information to be provided, state “Not applicable.”

|  |
| --- |
| **Part 1: Chapter Activity in the Past 5 Years**  |
| *May be completed by the Applicant but must be verified by a current Chapter Executive.*  |
| Full Applicant Name:  | Click here to enter text. |
| Chapter Name: | Click here to enter text. |
| Past and Present Chapter Executive role(s) held by Applicant:  | Click here to enter text. |
| Current Chapter committees or working groups the Applicant participates in:  | Click here to enter text. |
| Summarize Chapter projects or events the Applicant participated in or organized: | Click here to enter text. |
| Estimate the number of Chapter meetings the Applicant participated in (virtually or in person) **in the past 12 months:**  | Choose an item. |

|  |
| --- |
| **Part 2. Release**  |
| *I verify that the above information is true and accurate to the best of my knowledge.*  |
| **Signature of Chapter Executive**  |  |
| **Title of Chapter Executive signing**  | Click here to enter text. |