

# AQIPA

## REQUEST FOR AN EDUCATIONAL ACTIVITY 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 : \_\_\_\_\_

### Description of the activity :

1. Title of the activity :

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2. Description of the activity and your participation in the activity:

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### Advantages to the AQIPA:

1. How will the activity contribute to improve knowledge and clinical interventions with the amputee population?

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2. 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)?

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**Finances :**

1. Total cost of the activity \_\_\_\_\_
2. Amount requested from AQIPA: \_\_\_\_\_
3. Other means of financial assistance:

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**Send your application to Christiane Gauthier: [christiane.gagnon@sympatico.ca](mailto:christiane.gagnon@sympatico.ca)**