Application Form

**ELEGIBILITY QUESTIONS (required)**

* Are you a staff member at either Te Herenga Waka-Victoria University of Wellington or The University of Otago Wellington. Yes No
* Are you an active member of an international association? Yes No
* Are you currently volunteering within this association? Yes No
* Are you in a prominent role? (e.g., board member) Yes No
  + if yes, you may already be eligible for support through [the Conference Assistance Programme](https://www.wellingtonnz.com/business-events-conferences/hosting-your-conference-in-wellington/bidding-for-an-international-conference-in-wellington).
* Does your association’s international conference attract an average of 500–1,200 delegates? Yes No Unsure - (if unsure Business Events Wellington can advise)
* Is your association linked to a sector strategically important to Wellington?

Yes No Unsure

* Do you have support from your Head of School or Dean to participate?

Yes No Unsure

**APPLICANT DETAILS**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/School/Department or Research Centre/Institute:

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

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

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

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

**ASSOCIATION DETAILS**

Name of International Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the number of years you have been a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Volunteer Role(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average attendance (please state the average delegate attendance and if unknown BEW can research):

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

Is the conference held annually every 2 years every 3 years

Strategic Sector Relevance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSAL DETAILS**

Motivation and Personal Growth (max. 500 words)

Expected Outcomes (max. 300 words)

**FUNDING REQUEST AND BUDGET BREAKDOW**

Please detail anticipated costs (flights, other travel costs, conference registration, workshops, networking events). Indicate co‑funding or institutional contributions if applicable.

|  |  |
| --- | --- |
| **sample budget items\*** | **estimated cost in nzd** |
| Return economy class flights to the international conference |  |
| Transport at the conference destination (e.g. airport bus, metro) |  |
| Conference registration fee  This can include the gala dinner and ticketed networking functions |  |
| Accommodation to attend the conference  Please indicate the average rate per night |  |
| Stipend for meals excluding conference catering and breakfast at the hotel, if included |  |
| **Total requested** |  |
| Co-funding or institutional contributions secured |  |

**\*Please edit the budget to include your items**

Do you commit to self-funding / your university funds your association membership?

Yes No

**Reporting and peer engagement**

Do you agree to submit bi-annual reports and attend two annual peer network meetings in Wellington?

Yes No

**Head of school/institutional endorsement**

I have endorsement from (insert Head of School/Dean’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply for the International Conference Leaders Fund including approval to attend the associated international conference.

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Reporting & networking**

* Participants must submit bi-annual progress reports to your university research office including summary of funds spent to date.
* Participants must attend two annual in-person meetings which will be hosted by Business Event Wellington and supported by the Wellington Advocate Network and international conference bid champions.
* Final outcomes will be documented and reviewed to evaluate the success of the fund.

**key DATES**

* Applications Open: Monday 29 September 2025
* Applications Close: Friday 21 November 2025 at 23:59
* Notification of Outcomes: Friday 5 December 2025

**Terms & conditions**

* Submission of an application constitutes acceptance of the guidelines.
* Business Events Wellington reserves the right to verify information and determine eligibility.
* Applying does not guarantee participation or funding.
* Shortlisted applicants will be invited to meet with Business Event Wellington.
* Successful applicants will enter into a formal funding agreement with Business Events Wellington.
* Any false or misleading information may result in withdrawal of support.
* If the participant leaves the university the funding will remain with their university and be re-assigned.

If participants are unable to meet the terms and conditions Business Event Wellington may alter, amend, or withdraw the funding at its discretion.

**DECLARATION & AUTHORISATION**

By submitting this application, I confirm that:

* The information provided ins true and correct.
* I understand and accept the guidelines.
* I agree with the reporting and participation commitments.
* I consent to Business Events Wellington verifying information provided.

I agree.

**Please email your completed application form to** [**FutureLeaders@WellingtonNZ.com**](mailto:FutureLeaders@WellingtonNZ.com)