



Do you wish to apply for USANZ Annual Scientific meeting? YES/NO (please circle)

Are you applying for Education/Professional Development grant? YES/NO

Title of Professional Development Activity:

Have you read the VUNS guidelines for applying for ASM scholarship or educational development grant? YES/NO

Do you agree to meet the appropriate criteria for VUNS Scholarship /Education grant? YES/NO

PERSONAL DETAILS

Family Name: _____ Given Name: _____

Private/Home address: _____ Postcode: _____

Phone: H: _____ Mob: _____ Work: _____

Email Address: _____

Current position: _____

Current Employer: _____

Are you receiving funding from any other source? If yes please give details:

Professional Referee:

Name: _____

Address: _____ Ph: _____

Email address: _____

In 500 words or less please address the following questions:

1. What does this scholarship mean to you?
2. What benefit would receiving this scholarship make to your clinical practise?
3. How will you share the information you gain with your colleagues?
4. Why should you receive this scholarship?

CLOSING DATE FOR APPLICATION:

Please email application to vunssecretary@gmail.com