



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](mailto:vunssecretary@gmail.com)