

ANZSPM RURAL & REMOTE TRAVEL GRANT APPLICATION FORM

CONTACT DETAILS:

Full Name:	
Address:	
Phone number:	
Email:	

WORK DETAILS:

Current Position:	
Place of Work:	
Supervisor(s): (if applicable)	
Brief summary of your palliative care experience to date (max 200 words):	

APPLICATION DETAILS:

ANZSPM event for which grant is sought:	
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Reasons for application, including financial need and/or other barriers to attendance:
(Please limit to half a page, approx. 250 words)

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Brief description of what you hope to gain by attending the ANZSPM event: *(Please limit to half a page, approx. 250 words)*

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REFEREE 1

Name:
Phone:
Email:
ANZSPM member (Y/N)

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REFEREE 2

Name:
Phone:
Email:
ANZSPM member (Y/N)

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Please attach copy of CV or alternatively provide a link to your LinkedIn profile below:

Applicant declaration

By submitting this application form, I confirm that I am a current financial member of ANZSPM and all information provided in support of my application is complete and accurate and is not misleading in any way.

I acknowledge that I will be invited by ANZSPM to provide a written testimonial outlining how the award has supported my learning and professional development in the field of palliative medicine, for use in ANZSPM promotion and communication.

Applicant Signature:

Date:

Completed forms should be returned together with your CV to ANZSPM
by email (preferred): info@anzpsm.org.au (with *Grant Application* in the subject line)
by post: ANZSPM Grant Application, PO Box 7001 WATSON ACT 2602