



NSW Rural and Remote Scholarship Program

NSW Institute of Rural Clinical Services and Teaching

Application Form

Please fill out this form and attach your cover letter demonstrating a commitment to rural and remote health service delivery

Before submitting your application, please tick to ensure you have included the following ESSENTIAL criteria

- I have included a cover letter demonstrating that I reside in a rural and remote area and I am currently employed by a rural Area Health Service.
- Email and post completed application as listed (Q 4)
- I have included a copy of submitted abstract (applicable for National or International Conferences) (Q 5)
- I have included the proof of registration for Conference / Workshop (Q 6)
- I have listed expenditure details (Q 7)
- I have written endorsement of my Area Health Service/Facility Manager (Q 8a)
- I have written endorsement of my AHS CEO for International Conferences (Q 8b)
- I have listed any other Scholarship received in the last 2 years (Q9b)
- I have included my employment history (Q 10)
- I have included a photocopy of my Name Badge or photo ID (Q 13)
- I have described how the Conference/Workshop/Seminar or Research relates directly to my current role, and how the Conference/Workshop/Seminar/ Research will benefit my work practice. (Q 15)
- I have signed and dated my application

Incomplete applications will not be accepted



1. Applicants Details:

Name _____

Home Address _____ Postcode _____

Work Address _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Designation _____

2. Approval is sought to attend:

National Conference International Conference State Conference

Workshop / Seminar Write Up Research Other (*Please specify*)

3. Amount Requested: \$ _____

4. Send electronic Copy to: Linda.Cutler@gwahs.health.nsw.gov.au

Send completed application to:

Attention: Ms Linda M Cutler
Rural and Remote Scholarship Program
Office of the Executive Director
NSW Institute of Rural Clinical Services and Teaching
Po Box 4061 DUBBO NSW 2830
Ph: 02 68412651
Fax: 02 68412655

Date of Postage: _____

OFFICE USE ONLY Date of Receipt:



5. Reason for attendance:

Abstract submitted/accepted *

Oral / Poster presentation *

** National and International Conference applications must include a copy of the abstract + acceptance letter with application*

Professional Development

Write Up Research

Other (please specify)

6. Conference/Workshop/Seminar Details (please include proof of registration):

Title of Conference/Workshop/Seminar

Name of Conference Provider

Venue

Dates

Duration (days)

7. Level of support requested:

Conference/Course Registration Fee \$

Travel Costs \$

(Please specify and give details)

Accommodation costs \$

(Please specify and give details)

Applicants own Contribution \$

(Please specify and give details)

Total Requested Amount \$

8a. Department Manager / Head - Recommendation:

Name

Position

Signature

Recommended

Not Recommended



8b. Written endorsement from AHS Chief Executive (approval for overseas travel required for International Conferences)

Name _____ Position _____

Signature _____

Recommended

Not Recommended

9a. Please list other CONFERENCES / WORKSHOPS / SEMINARS attended in the last two years.

9b. Have you received scholarships for anything listed at 9a? Yes No

10. Employment History (last 5 positions, most recent first)

POSITION TITLE	DURATION POSITION HELD (eg 20/3/07 TO PRESENT)	LOCATION

11. Have you gained funding from The Institute of Rural Clinical Services and Teaching before?

Yes

No

If yes, please specify and give details

12. Have you applied for funding from any other funding bodies for this conference/ Workshop/seminar/research?

Yes

No

Name of Funding Body _____

Amount applied for/received \$ _____



13. Proof of Employment:

Name of Hospital / Organisation / AHS

Length of Employment with present employer

Please provide a photocopy of staff identification

14. Learning Objectives:

Please state your objectives (minimum of three) of the conference/workshop/seminar/research:

15. How does the conference/workshop/seminar/research relate to your role?

Outline how the knowledge you will gain will benefit your work practice.

16. Declaration:

I declare that the information I have provided in this application is, to the best of my knowledge, true and accurate. In signing this application I agree to fulfil the requirements set out in the Scholarship Guidelines, as determined by the NSW Institute of Rural Clinical Services and Teaching, which I have read prior to completing this application. I have included all the ESSENTIAL criteria requested on the check list.

Signature

Date