



Western NSW Regional Training Hub Scholarship Program

Application Form

Please fill out this form and: Please note funding is allocated to students in commonwealth supported places i.e. international students are not eligible to apply.

1. Applicants Details:

Name _____
(Please ensure your name is the same as per your photo identification for the purposes of booking travel)

Home Address _____ Postcode _____

Work Address _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Designation _____ Training level _____ Gender (please specify) _____
(Dr, Ms Mr etc) _____

College and membership number _____
if applicable

2. Approval is sought to attend:

- National Conference State Conference
- Workshop / Seminar Write Up Research Other (*Please specify*)

4. Send electronic Copy to: Western-NSW.Regional-Training-Hub@sydney.edu.au

5. Reason for attendance:

- Abstract submitted/accepted * Oral / Poster presentation *
- * *Include abstract + acceptance letter with application*
- Professional Development Write Up Research

Other (*please specify*) _____



6. Conference/Workshop / Seminar Details (please include copy of program if available):

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 \$ _____

All approved travel and accommodation will be booked and paid for by the University. Reimbursements are not available.

8a. Applicants to indicate other sponsorships or scholarships they hold – ie. RAMUS, John Flynn etc. :

Name _____

Name _____

Name _____



8b. Applicants to indicate their commitment to practice in a rural setting and why? What training pathway(s) is/ are currently under consideration? Are you from a rural area? Where do you intend to practice?

Horizontal lines for writing the answer to question 8b.

If a student please specify student club memberships:

9. If applying for conference scholarship please list other conferences attended in the last two years.

Horizontal lines for listing conferences attended.

10. If applying for workshop / seminar scholarship please list other workshops / seminars attended in the last two years.

Horizontal lines for listing workshops / seminars attended.

11. Have you gained funding from The University of Sydney or the Western NSW Regional training Hub previously for conference or workshop attendance?

Yes

No

If yes, please specify and give details

Horizontal lines for specifying details of funding.

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

Yes

No

Name of Funding Body

Horizontal line for Name of Funding Body

Amount applied for/received \$

Horizontal line for Amount applied for/received



15. How does the conference / workshop / seminar / research relate to your development as a rural medical practitioner?

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 Western Regional Hub, which I have read prior to completing this application.

Signed _____ Date _____

Please save this form in the following format: surname_initial_conference acronym_date submitted
for example: Jones_A_RDN_22 July 2019 and email to Western-NSW.Regional-Training-Hub@sydney.edu.au

GP Registrars applying for online courses are to provide at least one referee who may be contacted regarding the application.

The Referee(s) is/are preferably a current GP supervisor and/ or practice manager.
Name of Referee, title, best contact phone number and location of practice is required.