

## ANZTS Scholarship Submission Guide

<p><b>Applicant Information:</b></p> <p>Full Name:</p>
Job Title:
Organization/Institution:
Contact Email:
Contact Phone Number:
<p><b>Summary and overview of the scholarship aims (100 words)</b></p>
<p><b>Objectives and Outcomes</b></p> <p><i>Objectives and expected outcomes of the scholarship, including (for example) any publications, lectures, guidelines or educational courses you expect to result from the activity.</i></p>
<p><b>Timeline overview</b></p> <p><i>A detailed description of the proposed 12 month scholarship program timeline which includes: facilities you may visit; projects you will undertake; courses you may participate in; what you hope to experience; who you will meet with; clinical or research work you plan to undertake; areas of clinical need you wish to focus on and any other relevant information</i></p>

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Please submit the completed form and supporting documentation to [admin@anzts.com.au](mailto:admin@anzts.com.au) by the COB, 20<sup>th</sup> August, 2023.

## ANZTS Scholarship Submission Guide

### Budget overview

*A detailed description of the proposed 12 month scholarship program timeline which includes: facilities you may visit; projects you will undertake; courses you may participate in; what you hope to experience; who you will meet with; clinical or research work you plan to undertake; areas of clinical need you wish to focus on and any other relevant information*

**Supporting Documentation:** *Please attach any supporting documents including Current CV and any other relevant information.*

Referee 1:	Referee 2:
Full Name:	Full Name:
Job Title:	Job Title:
Organization/Institution:	Organization/Institution:
Contact Email:	Contact Email:
Contact Phone Number:	Contact Phone Number:

**Declaration:** By submitting this nomination, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that the decision of the ANZTS Awards Panel & the Board of Directors is final, and that the nominee may be required to provide additional information if deemed necessary for the evaluation process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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