



**JEANNE FOSTER SCHOLARSHIP 2018  
For Professional Development**

**APPLICATION FORM**

**Name of applicant:** \_\_\_\_\_

**School/Institute/Centre:** \_\_\_\_\_

**Title of professional development activity :** \_\_\_\_\_

**Location (City and Country):** \_\_\_\_\_

**Dates of the activity:** Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**Funding request:**

*The maximum level of funding available is \$5,000.*

<b>Budget Item</b>	<b>Details</b>	<b>Total Costs</b>
Registration / Fee		
Accommodation		
Flights & ground transport		
<b>Total Budget</b>		<b>\$</b>
<b>Total requested</b> from Scholarship Scheme:		<b>\$</b>

**Application detail:**

Please address the following using plain language, black and 12 point type, maximum of half a page per selection criteria and attach to this form.

**1. Cancer control or support value 50% weighting**

Please outline how your attendance at the professional development activity will support you to progress and/or achieve improved cancer control.

**2. Quality and relevance of the conference – 50%**

Please outline the quality and relevance of the professional development activity in relation to your role. In particular, provide evidence that this activity is directly relevant to your position.

**3. Evidence of conference invitation/acceptance**

If currently available, please attach evidence of invitation/acceptance of presenting a research paper (e.g. Letter of invitation/acceptance and Conference Program) or proof of enrolment. If this evidence is not available at the application stage, funds will be granted but not released until this evidence is provided.

**4. Evidence of guest speaker invitation/acceptance and CV**

You **must** attach a copy of the guest speaker’s CV **and** if currently available, please attach evidence of invitation/acceptance of guest speaker. If this evidence is not available at the application stage, funds will be granted but not released until this evidence is provided.

**5. Employment as a registered health professional and CV**

You **must** attach a copy of your CV **and** evidence that you are currently employed as a registered health professional.

**Contact details**

<b>Postal address</b>			
<b>Email</b>			
<b>Telephone (bus. hours)</b>			

**Applicant Certification:**

<b>Applicant Name:</b>			
<b>Signature :</b>		<b>Date</b>	

**Manager/Director Certification**

*By signing below, I confirm the appropriateness of the targeted professional development activity for the above applicant.*

<b>Manager/Director Name:</b>			
<b>Signature:</b>		<b>Date</b>	