

**AusACPDM Conference Scholarship Program**

**Recommendation Form**

The Board of Directors of the Australian Academy of Cerebral Palsy and Developmental Medicine (AusACPDM) is committed to making the Biennial Conference accessible to persons from resource poor communities or workplaces, or where attendance at the conference would not be possible without additional funding support.

Therefore, the AusACPDM is offering Scholarships for Australasian (Australia/NZ) and International (Non-OECD countries\*) attendees. Applicants are asked to include a recommendation from their employer, supervisor or academic instructor, which includes but is not limited to the applicant’s area of work in childhood disability, capacity to speak and understand English, how the applicant will benefit from the conference and how the applicant will disseminate the knowledge on return home.

Please return this form electronically to the scholarship applicant who will submit it together with their application documents, before application closing date of 30 October 2017.

*SECTION 1 - TO BE COMPLETED BY APPLICANT*

|  |  |
| --- | --- |
| **NAME OF APPLICANT** |  |
| **APPLICANT’S ROLE & ORGANISATION** |  |

*SECTION 2 – TO BE COMPLETED BY AN EMPLOYER, SUPERVISOR OR ACADEMIC INSTRUCTOR WHO HAS WORKED WITH THE APPLICANT*

|  |  |
| --- | --- |
| **NAME** |  |
| **TITLE & POSITION** |  |
| **INSTITUTION** |  |
| **EMAIL ADDRESS** |  |
| **SIGNATURE** |  | **DATE** |

1. In what capacity and how long have you known the applicant?

Years known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

Student Supervisor [ ]

Trainee Supervisor [ ]

Clinical Colleague [ ]

Academic Colleague [ ]

Other [ ]  Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In what way would attending this meeting contribute to the applicant’s academic or professional development?

3. How will the applicant disseminate knowledge gained at the conference to their organisation or network?

4. How would you rate the applicant in the following areas? If you are unable to evaluate an area please leave it blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Average | Below Average |
| Clinical knowledge  | [ ]  |[ ] [ ] [ ]
| Academic knowledge |[ ] [ ] [ ] [ ]
| Leadership |[ ] [ ] [ ] [ ]
| Initiative |[ ] [ ] [ ] [ ]
| Seriousness of purpose  |[ ] [ ] [ ] [ ]
| Adaptability |[ ] [ ] [ ] [ ]
| Maturity |[ ] [ ] [ ] [ ]
| Teaching ability |[ ] [ ] [ ] [ ]
| Research generation |[ ] [ ] [ ] [ ]

5. Please rate the applicant’s present English language capability as you know it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Superior | Good | Fair | Basic |
| Reading  | [ ]  |[ ] [ ] [ ]
| Writing  |[ ] [ ] [ ] [ ]
| Comprehension |[ ] [ ] [ ] [ ]
| Speaking  |[ ] [ ] [ ] [ ]

6. Additional comments:

|  |
| --- |
|  |