**Australasian Academy of Cerebral Palsy and Developmental Medicine, 9th Biennial Scientific Conference**

**21-24 March, Auckland, NZ**

**2018 CONFERENCE SCHOLARSHIP NOMINATION FORM
(FOR AUSTRALASIAN & INTERNATIONAL SCHOLARSHIPS)**

**CLOSING DATE: Midnight AEDT Monday 30th October 2017**

To be eligible to receive a conference scholarship for the 2018 AusACPDM conference, candidates must return the following in **one collated pdf document:**

1. Signed self-nomination form (this form) - nominations by other parties will **not** be accepted
2. Proof of current AusACPDM membership:
	1. An AusACPDM 2016 conference receipt will qualify, or
	2. If you did not attend the 2016 conference, please visit [www.ausacpdm.org.au/membership](http://www.ausacpdm.org.au/membership) to apply for membership;
3. Demonstrated need according to:
	1. International Applicants - residency in a non-OECD country;
	2. All applicants - a statement from your institution stating that other possible sources of funding have been applied for and institutional funding is not available. Self-employed candidates may provide their own statement of need.
4. A recommendation form completed by your employer, supervisor or academic instructor.

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| 1. **Candidate details**
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| Name |  |
| Discipline |  |
| Affiliation/s |  |
| Email address |  |
| Postal address |  |
| Telephone number/s |  |
| Scholarship type | Select one: Australian / New Zealand OR International |

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| 1. **Details of Funding sought**
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| **Item** | **Description** | **Cost (in AUD)** |
| Travel |  |  |
| Accommodation  | Number of nights =  |  |
| Conference registration fees |  |  |
| Other items may be consideredsubject to available funding |  |  |

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| 1. **Reason for scholarship**
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| **3a. How will your participation in the AusACPDM conference enhance your own knowledge and/or skills? (max 150 words)** |
| Cut/paste/type freely into this box |
| **3b. How will you share the knowledge and skills that you gain with your colleagues in your own community / state / country? (max 150 words)** |
| Cut/paste/type freely into this box |
| **3c. How will the knowledge/skills enhance service provision in your own community / state / country? (max 150 words)** |
| Cut/paste/type freely into this box |
| **3c. How will the knowledge/skills enhance outcomes for clients and families in your own community / state / country? (max 150 words)** |
| Cut/paste/type freely into this box |

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| 1. **Candidate self-nomination agreement**
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| By signing this nomination, I agree to:* Have my name published in the conference app as a scholarship recipient
* Have my name published on the AusACPDM website as a scholarship recipient
* Provide a written report (300 words) within 2 months of attending the conference on how my attendance at the conference has enhanced my knowledge, skills and service delivery.

Signature: Date: DD / MM / YYYY  |

**Submission Instructions:**
Please create **one pdf file** that collates this nomination form with all the necessary attachments.
Email the file to the Conference Secretariat: ausacpdm2018@dcconferences.com.au
Title your email: ‘AusACPDM2018: Scholarship application: Your Name’
**Nominations close midnight AEDT Monday 30 October 2017.**

**Late nominations will not be accepted.**