**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** | |
| 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** | | |
| **Item** | **Description** | **Cost (in AUD)** |
| Travel |  |  |
| Accommodation | Number of nights = |  |
| Conference registration fees |  |  |
| Other items may be considered subject to available funding |  |  |

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| 1. **Reason for scholarship** |
| **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** |
| 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.**