

Australian and New Zealand College of Anaesthetists
2012 INTERNATIONAL SCHOLARSHIP

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APPLICATION FORM

PART I
Personal Information

1. **NAME IN FULL:**
(Surname) (Other Names)

2. **ADDRESS:**

Home:
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Phone: Fax :

Email:

Work:
.....

Phone: Fax :

Email:

Tick which of the addresses above you would like correspondence sent to: **Home** **Work**

3. **BIRTHDATE:**

4. **NATIONALITY:**

5. **MARITAL STATUS:**

(a) Name of Spouse (if applicable):.....

(b) Name/s of Children and ages (if applicable):

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6. **BASIC ACADEMIC QUALIFICATIONS:** (With dates and names of educational institution awarding qualification. Please attach **certified** copies)

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7. **POST GRADUATE DEGREES OR DIPLOMAS GAINED** (With dates, etc. Please attach **certified** copies)

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8. DETAILS OF ANY SPECIFIC ANAESTHETIC, INTENSIVE CARE OR PAIN MEDICINE TRAINING AND/OR EXPERIENCE SINCE GRADUATION: (Hospitals; Dates and duration of attachment to each Unit; Capacity in which the attachment was undertaken; Names of Supervisors)

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9. PRESENT APPOINTMENT(S):

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10. DUTIES: (Description of clinical and other duties)

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11. TEACHING EXPERIENCE:

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12. OTHER ACHIEVEMENTS, EXPERIENCE, INTERESTS AND ACTIVITIES: (Include professional qualifications)

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13. OTHER INFORMATION: (Include any other information which may be helpful to the Selection Committee)

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PART II

PROPOSED PROGRAM OF ACTIVITIES

1. WHAT IS YOUR PROPOSED PROGRAMME OR COURSE OF STUDY ?

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2. DO YOU HAVE A SPONSOR IN AUSTRALIA OR NEW ZEALAND (If yes, please provide name/contact details) ?

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3. WHAT OBJECTIVES DO YOU HAVE IN PROMOTING ANAESTHESIA IN YOUR HOME COUNTRY ?

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PART III

Sponsorship and Referees

1. NAME AND ADDRESS OF SPONSOR FROM YOUR HOSPITAL, UNIVERSITY OR INSTITUTION OR LOCAL ANAESTHESIA SOCIETY:

Name:
Position:
Address:
.....

2. NAME AND ADDRESS OF AUTHORIZED GOVERNMENT OFFICER TO ENDORSE THE SPONSORSHIP:

Name:
Position:
Address:
.....

3. NAMES AND ADDRESSES OF TWO REFEREES:

i) Name:
Position:
Address:
.....
Phone: Fax :
Email:

ii) Name:
Position:
Address:
.....
Phone: Fax :
Email:

SIGNATURE: **DATE:**

THE CANDIDATE MUST SUPPLY:

- 1. Full Curriculum Vitae**
NB: Please include **certified** copies of your basic academic qualifications and post graduate degrees/diplomas.
- 2. A personal photograph** (unmounted, not larger than 10cm x 18cm) to accompany this application.
- 3. A letter of Sponsorship** from the sponsor from your Hospital, University or Institution (See Part III, Question 1). It is the candidate's responsibility to obtain such a letter, which may be sent separately or directly by the person concerned.
- 4. A letter of Endorsement** from the Authorities Government Officer (See Part III, Question 2). It is the candidate's responsibility to obtain such a letter, which may be sent separately or directly by the person concerned.

**This Application must reach the address below no later than FRIDAY, 12 AUGUST 2011.
No late applications will be considered.**

Dr Mike Richards
Chief Executive Officer
Australian and New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne 3004
Australia
Fax: +61 3 9510 6931
Email: ceoanzca@anzca.edu.au

If you have any queries or require further information, please contact **Paul Cargill** at the College on Tel: +61 3 8517 5393 or Email: pcargill@anzca.edu.au