



New Zealand Rural General Practice Network Conference Grant Application Form

Please note: that the committee requires you to answer all questions in full in order to fairly distribute monies available.

- To be eligible you must be a student, currently enrolled in a tertiary institution and living in New Zealand

Name of Applicant:	
Contact Address:	
Phone Number:	Work: Home: Mobile:
Email Address:	
Are you: (please circle)	Medical Student Nursing Student Under-graduate Post-graduate
If you are employed: <ul style="list-style-type: none"> Please state your job Organisation you work for 	
Are you: (please circle)	Full-time Part-time Casual Hours per week: Hours per week:
What is your Salary?	
Are you receiving any assistance from your employer to attend this conference? (Please give details if any, of paid study leave, travel or accommodation costs)	
Have you applied for any other grants or scholarships to attend	

<i>this conference? (Please give details)</i>	
<i>How will you use this conference to benefit rural healthcare in New Zealand? (Please give details)</i>	
<i>How did you hear about this grant?</i>	

I declare the information provided by me in this application to be true and accurate.

Signature _____ **Date** _____

Please return this form to Helen Shrewsbury, Event Manager, Conference Innovators Ltd, PO Box 7191, Christchurch 8240. Fax: 03 379 0460

Application forms must be received by no later than Friday 12 February 2010. Applicants will be notified of the outcome of their application by Monday 22 February 2010.