

APPLICATION
for
AstraZeneca
Grant-In-Aid Award

Closing Date 31 July 2010 & 28 February 2011

Postal Address
GESA
PO BOX 508
MULGRAVE VIC 3170

Applications must be on this original application form
LATE, FAXED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



www.gesa.org.au

SPECIFIC CONDITIONS:

Grant-In Aid for Overseas Study

PURPOSE

Funding to travel from Australia for the purpose of study for a minimum period of three months.

Studies should be for development of new skills applicable to research into gastrointestinal diseases and sciences.

NUMBER

One award will be offered in each six (6) monthly cycle.

VALUE

\$10,000 each.

The award will be paid in full to the applicant when they present a tax invoice and itinerary from their travel agent.

If the travel cost is less than the value of the award, the residual funds are to be used at the discretion of the recipient for general support.

ELIGIBILITY

The applicant is required to:

- Read, understand and agree to all the requirements listed in the 2010 Instruction booklet.
- Be a current financial member of the Gastroenterological Society of Australia, defined as “confirmed as a financial member of the society prior to the date of application for the award”; and
- Be aged less than 40 years at the closing date for application.

DOCUMENTATION

Applicants must supply:

- A full curriculum vitae;
- A one page description of the timetable for the program including the purpose of each of the planned activities; and
- The intended departure date for travel.

SELECTION CRITERIA

Major criteria shall be:

- The educational value of proposed studies, including the future benefits to research in Australia;
- Undergraduate and postgraduate academic achievements and any factors that indicate the ability to make optimal use of the grant; and
- Demonstrated financial need. It is anticipated that top up funds from other sources will be required and where these have been obtained, applicants should include the amount.

REPORTING

Recipients are expected to attend the next Australian Gastroenterology Week (AGW) following their return to Australia and supply a short report for the Society newsletter on the achievements of the trip.

Date Received: _____

Application for Grant-In Aid

Closing Dates 31 July 2010 & 28 February 2011

PROJECT TITLE: _____

1. Title _____

Gender (M/F) _____

Surname _____

Given Names _____

2. Address _____

State _____ Postcode

Phone _____ Facsimile _____

Email _____

3. Date of Birth / /

4. Location of Proposed Study Tour _____

Institution _____

Address _____

Postcode

5. Medical Graduate:

Currently enrolled in Speciality Training Yes/No _____ Year of Expected Completion _____

Completed Speciality Training _____ Year of Completion _____

Professional Qualifications:

Completed Higher Degree Yes/No _____ Year of Completion _____

Currently Enrolled in Higher Degree _____ Year of Expected Completion _____

Name of Higher Degree: _____

CHECKLIST

Checklist of application requirements. This sheet must be completed.

Applicant _____

Date of Travel _____

Phone Number () _____

	Yes	No
Applicant's personal information	<input type="checkbox"/>	<input type="checkbox"/>
Certification of Medical/Professional registration in Australia	<input type="checkbox"/>	<input type="checkbox"/>
Full Curriculum Vitae attached	<input type="checkbox"/>	<input type="checkbox"/>
Academic Transcripts	<input type="checkbox"/>	<input type="checkbox"/>
Description of planned overseas activities	<input type="checkbox"/>	<input type="checkbox"/>
Details of financial support from other sources	<input type="checkbox"/>	<input type="checkbox"/>
Date of proposed travel	<input type="checkbox"/>	<input type="checkbox"/>