



ashm
Australasian Society for HIV Medicine Inc

Scholarship Application Form

DEADLINE FRIDAY 23 MAY 2008

Contact Details:

Title: _____ Given Name: _____
Surname: _____
Occupation or Student Status: _____
Organisation: _____
Address: _____
State: _____ Postcode: _____
Country (AUS or NZ only): _____
Phone: _____
Fax: _____
Mobile: _____
Email: _____

Are you a member of ASHM:

Full Member Associate Member Sustaining Member

Statement relating to financial hardship: I am (tick one or more as applicable)

- a student (attach a copy of your current student ID)
- not being assisted by my employer to attend
- in General/Private Practice, work part time and/or in sole practice and/or will require a locum to cover my absence from my practice and will experience financial hardship by attending the conference
- other please specify: _____

I have submitted an abstract to the ASHM Conference in the area of:

- Basic science Clinical medicine
- Community programs Epidemiology
- Policy Primary care
- Public health and prevention Social research
- International and regional issues Education
- Nursing and allied health Indigenous health

Travel to Perth:

Kilometres from your regular abode: _____
Method of travel to Perth: _____
Type of fare: _____ Cost in A\$: _____

Assistance from other sources:

- I have received the following support to attend the ASHM Conference: _____
- I have applied for the following support to attend the ASHM Conference: _____

People who have not applied or received support from other sources must complete the following declaration.

I, _____
declare that I have not applied for nor received financial or in kind support from any other source to attend the ASHM Conference in 2008. If I do apply or receive financial or in kind support subsequent to this application being lodged the onus is on me to inform the ASHM Conference office and have my application reassessed. I understand that if I mislead the ASHM office in any way I will be ineligible for subsequent support from ASHM and my case may be referred to the ASHM Professional Affairs Committee for consideration.

Applicant's signature: _____

Date: _____

Statement from Supervisor/Manager:

Students and employed workers must have their Supervisor or Manager complete the following declaration.

I, _____
declare that to the best of my understanding the information included on this form is true and accurate, and I support this application.

Supervisor's signature: _____

Date: _____

Additional information in support of my application:

ASHM 2008 Conference, Locked Mail Bag 5057, Darlinghurst NSW 1300
Ph: +61 2 8204 0770 • Fax: +61 2 9212 4670 •
Email: conferenceinfo@ashm.org.au
Website: www.ashm.org.au/ashm08/