

Please note: The closing date for applications is January 26, 2007

SCHOLARSHIP Application Form

Please complete the following application form and attach a covering letter, Curriculum Vitae and letter of support from your employer. To be eligible for the scholarship you must also have completed the single unit enrolment form.

Personal Details

Title (Please Tick) Miss Mrs Ms Mr

Surname:

Given Names:

Home Address:

 Postcode:

Home Phone: Work Phone:

Mobile Phone:

E-mail address:

Subjects

Please tick the boxes below for subject & Semester

Prostate Lung Semester 1 2

Declaration

I declare that to the best of my knowledge the information herein is complete and correct. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in withdrawal of scholarship.

Signature of applicant: Date:

Checklist

Covering Letter Curriculum Vitae Letter of support from employer A certified* copy of practicing certificate

SEND TO: Silvana Nikolidis, Administration Officer, La Trobe / Austin Health Clinical School of Nursing, Level 4 Austin Tower, PO Box 5555, Heidelberg, Victoria 3084.