**INTERNATIONAL TRAVEL SCHOLARSHIP APPLICATION – EARLY CAREER**

**Instructions for preparing applications**

The application form must be filled in electronically. Any queries regarding the application should be directed to [info@asmirt.org](mailto:info@asmirt.org).

Email the completed application as a single PDF document to the Chief Executive Officer at [info@asmirt.org](mailto:info@asmirt.org)

Closing date for applications is **Sunday 1 October 2023**

**Section 1: Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| ASMIRT Membership Number |  | | |
| Title |  | | |
| Family Name |  | | |
| Given Name |  | | |
| Discipline | Medical Imaging  Radiation Therapy  Nuclear Medicine | | |
| Postal Address |  | | |
|  | | |
| State: | Postcode: | |
| E-mail address |  | | |
| Telephone number | Work: | Mobile: | |
| Organisation |  | | |
| Department |  | | |
| Currently held position |  | | |
| Entry Level Qualification |  | | Year Completed: |

**Section 2: Resume**

Please enclose a brief current resume (maximum 3 pages).

**Section 3: Documentation Checklist**

|  |  |
| --- | --- |
| ***These documents MUST be included, or your application WILL NOT be processed. Documentation will not be returned to applicants.*** | |
| ***Application Checklist*** | |
| *Application must be accompanied by:* | |
| 1. Signed and dated cover letter detailing the rationale and benefits of the proposed use of the scholarship |  |
| 2. Current Curriculum Vitae |  |
| 3. Employer Letter of Support |  |
| 4. Three (3) Written Professional Referees |  |
| 5. Conference Program Outline |  |
| 6. Proposed Travel timetable |  |
| **If you are going on a training program, the following must also accompany the application** | |
| A certified copy of acceptance in a course/ training program(s) |  |
| A certified copy of the outline(s) of the course/ training or study program(s) |  |
| **If you are going on a study tour or site visit (s), the following must also accompany the application** | |
| Copies of letters of invitation for the hospital, department, or University visits. |  |

**Section 4: Declaration**

**4.1 Declaration**

I, the undersigned, hereby declare that the information given on this scholarship application form is correct to the best of my knowledge and understanding.

**4.2 Terms and Conditions**

I understand and agree to the following terms and conditions.

* The applicant will have been a financial member of ASMIRT for at least 12 months and continue to maintain Australian Society of Medical Imaging and Radiation Therapy Financial voting membership for the duration of the scholarship.
* Scholarship funds will be reimbursed post travel, although the initial airfare cost may be reimbursed prior to travel. Ensure that all receipts are retained, so that you will be able to support your claim.
* Provision of a report on the international travel experience suitable for an ASMIRT publication.
* Final scholarship payment will be made upon ASMIRT’s acceptance of the report.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ /\_\_\_

Please ensure that all documents submitted are in a PDF format, before submitting your application via email. Indicate in the covering email message the number of documents attached.

Submit this application to:

International Travel Scholarship – Early Career Member

Chief Executive

Australian Society of Medical Imaging and Radiation Therapy

PO Box 16234, Collins Street West, VIC, 8007

Telephone: (03) 9419 3336 Facsimile: (03) 9416 0783

E-mail: [info@asmirt.org](mailto:info@asmirt.org)