**INTERNATIONAL TRAVEL SCHOLARSHIP APPLICATION**

**Instructions for preparing applications**

The application form must be filled in electronically. Any queries regarding the application should be directed to scholarships@asmirt.org subject line “International Travel Scholarship”.

Email the completed application as a single PDF document to the Chief Executive Officer at scholarships@asmirt.org

Closing date for applications is **Sunday 6 October 2024**

**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 |  |
| Highest Academic qualification |  | Year Attained: |

**Section 2: Resume**

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

**Section 3: Selection Criteria**

* Detail the relationship between the proposed international education, training and cultural opportunities and how it will enhance your current discipline of practice.
* Demonstrate how the international education, training and cultural opportunities will enhance your current skills and knowledge or diversify your skills and knowledge within your current discipline of practice.
* Demonstrate how the proposed international education, training and cultural opportunities will improve the workforce and/or service delivery needs of your local community and improve patient care.
* Clearly outline the rationale and benefits of your proposed use of the scholarship and professional development in your discipline of practice.

**Section 4: Documentation Checklist**

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| ***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 individual selection criteria in Section 3. |[ ]
| 2. Current Curriculum Vitae |[ ]
| 3. Employer Letter of Support |[ ]
| 4. Three (3) Written Professional Referees |[ ]
| 5. Conference Program Outline / Conference Registration / Conference abstract and acceptance |[ ]
| 6. Proposed Travel timetable |[ ]
| **If you are using the scholarship for a career break, the following must also accompany the application** |
| Certified copies of evidence of registration in the proposed country of employment |[ ]
| Certified copies of offers of employment |[ ]
| A proposed employment program including dates of employment including an anticipated date of commencement and an anticipated date of return to Australia |[ ]
| **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 5: Declaration**

**5.1 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.

**5.2 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 economy 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.

 Telephone: (03) 9419 3336 E-mail: scholarships@asmirt.org