**DOROTHY LORIMER BURSARY EXPRESSION OF INTEREST**

**Instructions for preparing Expression of Interest (EOI).**

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

Email the completed form as a PDF document to the Education Committee at [scholarships@asmirt.org](mailto:scholarships@asmirt.org)

Closing date for EOIs is **30 September**.

**Section 1: Applicant Details**

|  |  |  |
| --- | --- | --- |
| Title |  | |
| Family Name |  | |
| Given Name |  | |
| Discipline | Medical Imaging  Radiation Therapy  Nuclear Medicine | |
| Postal Address |  | |
|  | |
| State: | Postcode: |
| E-mail address |  | |
| Telephone number | Work: | Mobile: |
| Are you of Aboriginal or Torres Strait Islander origin? | No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander  Prefer not to say | |
| Organisation |  | |
| Department |  | |
| Currently held position |  | |

**Section 2: Applicant Eligibility**

|  |  |
| --- | --- |
| ASMIRT Membership Number |  |

**Section 3: Project Proposal**

**Please provide a brief statement outlining your proposed project including anticipated outcomes. Please refer to the Dorothy Lorimer Bursary Guidelines and Assessment Matrix documents for guidance as to how your proposed project meets the assessment and selection criteria.**

Brief outline:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 4: Checklist**

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| --- | --- |
| I have read the Guidelines and understand the assessment and selection criteria. |  |
| I confirm that I am a current financial ASMIRT full voting member with continuous full voting membership for a minimum of five (5) years. |  |
| I am aware of the conditions of the Bursary. |  |
| I understand that I must remain an ASMIRT full voting member for at least five (5) years post Bursary, should I be successful. |  |
| I am aware of the tax implications relevant to my situation and sought advice as necessary. |  |
| I have assessed any intellectual property implications. |  |
| I am aware of the budget including the travel allowance provisions. |  |
| I have considered whether this is an individual or collaborative project. |  |
| I understand that should my EOI be approved I will be required to submit a full application by 15 January. |  |

**Section 5: Declaration**

I, the undersigned, hereby declare that the information given on this Bursary EOI form is all my own original work and is correct to the best of my knowledge and understanding.

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