**The Australian Society of Medical Imaging and Radiation Therapy**

**RURAL AND REMOTE GRANT APPLICATION FORM**

PART 2

PLEASE READ PART 1 PRIOR TO COMPLETING THIS FORM

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| **PERSONAL DETAILS** | | | |
| NAME: | | | |
| **ASMIRT** STUDENT MEMBER NUMBER: (My application is in progress: Y / N )  GENDER: Male / Female / prefer not to disclose (circle one) | | | |
| RESIDENTIAL ADDRESS: | | | |
| POSTAL ADDRESS (IF DIFFERENT TO ABOVE): | | | |
| CONTACT DETAILS (please provide a telephone number where you can be contacted during business hours): | | | |
| Home phone: | Work phone: | | Mobile: |
| Email address: | | | Fax: |
| University name: | | | |
| Course name: | | | |
| Campus: | | | Id No: |
| Stream: (Circle one)  Medical Imaging / Radiation Therapy / Nuclear Medicine | | | Full time: |
| Current year of course: | | | Year commenced: |
| Expected completion date: | | | |
| **PLACEMENT DETAILS** | | | |
| Location: | | | |
| Hospital / Department name: | | | |
| Hospital / Department contact person: | | | Contact phone: |
| Commencement date of placement: | | | Length of placement: |
| Type of accommodation: | | | Mode of travel: |
| What is your primary motivation to experience a Rural Clinical Placement? | | | |
| What do you expect to gain from your Rural Experience, both personally and professionally? | | | |
| Previously received or a currently applying for another grant to assist with Rural Placement?  Grant details: | | | |
| Do you agree to comply with requests to provide:  A short report on the experience for publication in an ASMIRT publication: Y / N (circle)  Participate in surveys regarding Rural Clinical experiences if required? Y / N (circle) | | | |
| **PERSONAL DECLARATION** | | | |
| The information I have supplied is true and accurate: | | | |
| Signature: | | | Date: |
| **APPLICATION CHECKLIST** | | | |
| Have you completed all the questions and included the following with your application? | | | |
| Answered all the questions: | | Rural placement details: | |
| Current Curriculum Vitae: | | Letter of confirmation of Rural Placement: | |
| Tertiary academic record: | | Receipts (if applicable): | |
| Please return your application and paperwork for Semester 2 to [cpd@asmirt.org](mailto:cpd@asmirt.org) by COB 07/09/2025 | | | |

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