**42nd World Hospital Congress Scholarship for Aboriginal and Torres Strait Islander Early Career Health Professionals**

**Application Form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Email |  |
| Employer(s) |  |
| Position (if applicable) |  |

**Are you an early career Aboriginal or Torres Strait Islander health professional?**

**Yes** **No**

All applications must include the following documents:

**COMPULSORY**

|  |  |
| --- | --- |
| Completed scholarship application form |  |
| Applicant personal statement (up to two pages) |  |
| Completed referee nomination form (two professional referees) |  |
| Two completed referee reports including statements of support |  |

**OPTIONAL**

|  |  |
| --- | --- |
| Applicant curriculum vitae (optional) |  |

**How did you learn about the 42nd World Hospital Congress Scholarship for Aboriginal and Torres Strait Islander Early Career Health Professionals?**

**Referee report**

Please provide details of two professional referees. Please also attach a written report from your nominated referees using the template below.

|  |  |
| --- | --- |
| **Professional Referee 1** |  |
| Name |  |
| Position |  |
| Institution/Organisation |  |
| Relationship to Applicant |  |
| Phone Number |  |
| Email |  |

|  |  |
| --- | --- |
| **Professional Referee 2** |  |
| Name |  |
| Position |  |
| Institution/Organisation |  |
| Relationship to Applicant |  |
| Phone Number |  |
| Email |  |

**By signing below, I certify all information contained in this application is true and correct:**

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Date signed: |  |

**Where to send your application**

Please send completed applications via e-mail to:

Matt Tabur  
AHHA Executive Officer  
02 6162 0780  
[mtabur@ahha.asn.au](mailto:mtabur@ahha.asn.au)