The Australian Society of Medical Imaging and Radiation Therapy



# RURAL AND REMOTE GRANT APPLICATION FORM

PART 2

	PLEASE READ	PART 1 PRIOR	TO COMPL	ETING THIS	FORM
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PERSONAL DETAILS					
NAME:					
ASMIRT STUDENT MEMBER N	(My application is in progress: $Y / N$ )				
GENDER: Male / Female / pre	fer not to disclose (	circle one)			
RESIDENTIAL ADDRESS:					
POSTAL ADDRESS (IF DIFFER	ENT 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:		ld 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 paperwork to Min.Ku@asmirt.org by Semester 2 - 11/09/2020



#### Registered Office: Suite 1040 (Level 10) 1 Queens Road Melbourne Vic 3004 Australia

### All Correspondence to:

P.O. Box 16234 Collins Street West Vic 3004 Australia

#### Contact us:

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