



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

<b>PERSONAL DETAILS</b>		
NAME:		
ASMIRT STUDENT MEMBER NUMBER: <span style="float: right;">(My application is in progress: Y / N )</span>		
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:		
<b>PLACEMENT DETAILS</b>		
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



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