



Australian Association of Stomal Therapy Nurses Inc.
ABN 16072891322

THE SMITH AND NEPHEW EDUCATION SCHOLARSHIP

Apply by: 31st July

The Smith and Nephew Education Scholarship Application Form

MR/MRS/MISS/MS/DR

SURNAME: _____ FIRST NAMES: _____

HOME ADDRESS: _____ STATE: _____

COUNTRY: _____ POST CODE: _____ PHONE: () _____

FAX: () _____ E-MAIL: _____

Use correct upper and lower case for e-mail

STOMAL THERAPY QUALIFICATION

NAME OF COURSE: _____

DATE COMPLETED/TO BE COMPLETED: _____

DETAILS OF EDUCATION PROGRAMME:

NAME: _____

LOCATION: _____

Name of person and contact details to verify enrolment (if appropriate) _____

Please supply a duplicate or photocopy of evidence of current Nursing Registration and Stomal Therapy Nursing Certificate if course already completed.

CURRICULUM VITAE: Please include with your application a comprehensive C.V.

OTHER INFORMATION RELEVANT TO YOUR APPLICATION

How do you perceive your Stomal Therapy nursing knowledge will be utilised?

FINANCIAL ASSISTANCE:

Have you applied for financial assistance from any other source? Yes / No
If yes, please state the source and the amount granted.

Did you/will you attend the course on: unpaid leave / annual leave / paid study leave

DECLARATION

I declare that to the best of my knowledge the information that I have supplied is correct and complete.

Signature of Applicant _____ **Date:** _____

PLEASE RETURN THIS APPLICATION WITH SUPPORTING DOCUMENTATION REQUESTED WITHIN THE GUIDELINES, BY 31ST JULY, TO THE SECRETARY OF THE EXECUTIVE COMMITTEE OF THE AASTN.

OFFICE USE ONLY

Application Form	Yes / No
Employment Verification	Yes / No
Curriculum Vitae	Yes / No
Member AASTN	Yes / No
Date Application Received	____/____/____

(updated 2005)