



**Aeromedical Society of Australasia  
Professional Development Scholarship**

**APPLICATION FORM**

|  |   |
|--|---|
| <b>1</b>   | <b>Name</b>   |
|  |   |
| <b>2</b>   | <b>Personal details</b>   |
| Employer:  |   |
| Address:   |   |
| Contact numbers:    Work:  |   |
| Mobile:  |   |
| Home:  |   |
| Fax:   |   |
| Email address:   |   |
| <b>3</b>   | <b>ASA Membership</b>   |
| Current ASA member: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Years of ASA membership:   |   |
| <b>4</b>   | <b>Member Activities</b><br><i>(brief outline of your past and current Aeromedical experience at State or National level)</i> |
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**Scholarship to Attend International /Local Conference**

**5 Conference Title**

**6 Conference Location and Date**

**7 Brief outline of Conference**

**Rationale for attending the conference**

8 How will the attendance benefit ASA, the relevance of the conference in an aeromedical setting.

**9 Conference Attendance**

Invited speaker

Submitted paper

Paper accepted (provide Proof of Acceptance)

Approval for Paper pending

Other

please outline .....

**Scholarship to Support Professional Development Programme**

(This may be instead of or as well as attendance at international conference)

**10 Summary of Professional Development Plan**

**11 Professional Development Location and Date**

**12 Brief outline of Professional Development Activity**

**Rationale for the Professional Development Programme**

13 How will it benefit promote the objects of ASA, the relevance of the development plan for development of aeromedical services.

**14 Supporting information from Proposed Host Agencies/Organisations**

**15 Budget details**

*Please provide details of all proposed expenses, including travel, accommodation, registration etc.*

| <b>Item</b>      | <b>Amount</b> |
|------------------|---------------|
| Registration     | \$            |
| Travel           | \$            |
| Accommodation    | \$            |
| Travel Insurance | \$            |
| Other costs      | \$            |
|                  | \$            |
|                  | \$            |
| <b>TOTAL</b>     | \$            |

Other comments:

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| <b>Application Checklist:</b> |   |
|-------------------------------|---|
| <input type="checkbox"/>      | Curriculum Vitae  |
| <input type="checkbox"/>      | Current Practicing Certificate / Registration   |
| <input type="checkbox"/>      | Conference Brochure/Call for Abstracts  |
| <input type="checkbox"/>      | Conference paper abstract <i>(if applicable)</i>                                      |
| <input type="checkbox"/>      | Travel Insurance <i>(if applicable)</i>   |
| <input type="checkbox"/>      | Line Manager / Manager Letter of Recommendation if representing your employer/company |

Applicant's Signature: ..... Date: .....

*Forward completed Application Form to:  
 ASA Secretary ([secretary@aeromedastralasia.org](mailto:secretary@aeromedastralasia.org)) or  
 Locked Bag 1001, Georges Hall NSW 2198 Australia*

ASA Committee use only

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|---|
| <p><b>ASA Reviewer's Comments</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Reviewer's Recommendations</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>ASA Committee Comments</b></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p><b><u>Scholarship Approved:</u></b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Amount AUD\$ _____</p> <p>Signature: ..... Date: .....</p> <p style="text-align: center;"><b>ASA President</b></p> |
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