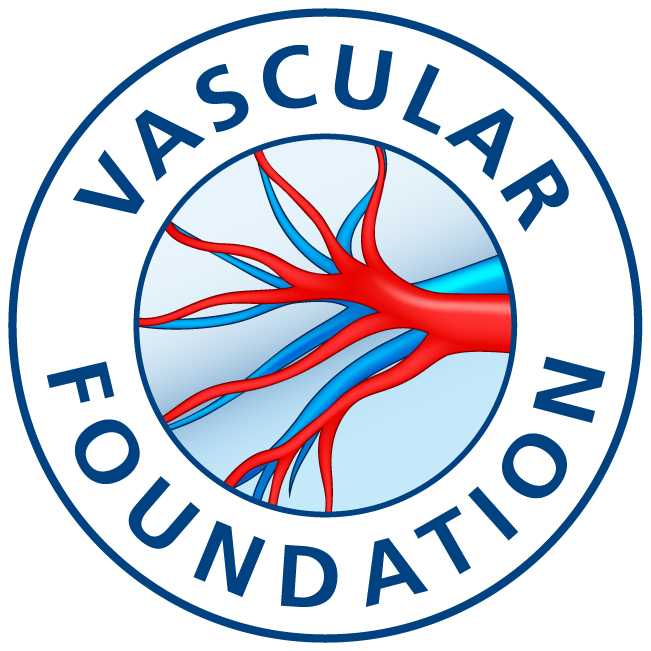
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**Professor Philip Walker Medical Student Scholarship**

Applicants must read these instructions carefully before submitting an application

1. Applicants must submit an application on the prescribed form. Pages in excess of those in the application form will not be considered. The format of the application form must not be altered in any way. Applications are not to be handwritten.
2. Applicants must not have commenced their travel prior to the closing date for applications.
3. Applicants must forward **one electronic copy** in Microsoft Word or Adobe PDF Format to the ANZSVS Office at the address shown below no later than **5.00pm on Friday 13 July 2018**. Applications received after this date **will not** be considered.
4. The Professor Philip walker Scholarship will provide up to $1000 per scholarship. Preference will be given to, but not limited to students whose research (oral or poster) has been accepted for presentation at the ANZSVS Scientific meeting.
5. Scholarship monies can be used for economy class airfares, reasonable accommodation costs and registration costs to attend the ANZSVS meeting. Monies will be paid on receipt of supporting costs documents, and a 500 word summary of the experience of attendance at the ANZSVS meeting.

Ms Abby Allen

General Manager

Australian and New Zealand Society for Vascular Surgery

250 – 290 Spring Street, East Melbourne

Email: anzsvs@surgeons.org

**Privacy:**  The ANZSVS is collecting your personal information on the attached form for the purposes of awarding the fellowship, and if you should be the successful applicant, publicly announcing the outcome and administering the fellowship.  Administration may involve disclosure of the successful applicant’s name and contact details. Failure to provide the information requested on the form may mean that your application is unable to be accepted.  Any queries about the privacy of your personal information held by the Board should be directed to Mrs Abby Allen abby.allen@anzsvs.org.au

**APPLICATION FORM**

**Professor Philip Walker Medical Student Scholarship**

**SECTION A**

Full Name (including Title):

|  |
| --- |
|  |

Postal Address (including State and Postcode):

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Telephone |  | Business Telephone |  |
| Mobile Number |  | Fax Number |  |
| Email |  | | | |

**SECTION B**

Which Medical School are you currently Enrolled in?

|  |
| --- |
|  |

Name of degree currently enrolled in?

|  |
| --- |
|  |

What is your current year of study?

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |

**SECTION C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you worked in any research capacity during your medical course? | YES |  | NO |  |

Please provide name/s and email address of your research supervisor.

|  |  |
| --- | --- |
| **Project Title** | **Supervisor Name & Email Address** |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you submitted an abstract for the ANZSVS 2018 Meeting? | YES |  | NO |  |

**SECTION E**

**I certify that the information supplied in this application is true and correct. I understand that the Australian and New Zealand Society for Vascular Surgery may wish to verify this information with an institution or individual. I consent to such inquiries being undertaken as part of the scholarship selection process. I have read the application conditions for the relevant scholarship and agree to abide by them.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /