

#### **ACEM Foundation**

This scholarship is open to ACEM trainees, medical practitioners, medical students or other health professionals who are Aboriginal, Torres Strait Islander or Māori and have an interest in emergency medicine.

	• •			
	Full name:			
	Email:		Telephone:	
	Address:			
2.	Eligibility			
	I am:	Aboriginal	Torres Strait Islander	Māori
	Occupation:	ACEM trainee	Medical Practitioner	Medical Student
		Other health professional (please specify)		
	Place of Employment/Study:			
	Professional Qualifications:			

1. Applicant

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	Recognised Indigenous organisations of which you are a r	nember:				
	Australian Indigenous Doctors' Association (AIDA)	Te Ohu Rata	a o Aotearoa (Te	ORA)		
	Other health professional (please specify)					
	I have not previously received the ACEM Foundation Confe	rence Scholarship	Yes	No		
3. (	conference					
3.1	Detail your current engagement in an area of work and learning experiences to be gained at ACEM Ann Symposium.					
4.	Signature and acknowledgement					
	Should I be awarded a conference scholarship, I undertake to submit a brief written report on the conference and key learnings within four (4) weeks of the end of the conference and also agree that ACEM and the ACEM Foundation may use my report, or extracts from my report, for the purposes of publication in ACEM Foundation communications and other promotional material.					
	Signature of Applicant:	Date:				

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5.	Supporter	
	Full name:	
	Email: Telephone:	
	Address:	
	Place of Employment/Study:	
	Professional Qualifications:	
	I am:	
	Doctor active in emergency medicine care	
	Nurse active in emergency medicine care	
	Social worker active in emergency medicine care	
	Indigenous liaison worker active in emergency medicine care	
	ACEM Fellow of good standing with the College	
	I plan to attend the ACEM Conference applied for on this form, and can host the applicant	
	ACEM trainee of good standing with the College	
	I plan to attend the ACEM Conference applied for on this form, and can host the applicant	
	An Indigenous graduate member of the Australian Indigenous Doctors' Association (AIDA)	
	An Indigenous graduate member of Te Ohu Rata o Aotearoa (Te ORA)	

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5.1	Detail the applicant's demonstrated interest in emergency medicine practice and/or research.
5.2	Detail the applicant's demonstrated leadership qualities in their field of endeavour.
	Applicants are required to submit a letter of support as part of their application.
6.	Signature and acknowledgement
	I agree that the above information is a true and accurate record and I confirm my support of the applicant to attend an ACEM Conference.
	Signature of Supporter: Date:

#### ACEM Foundation

#### 7. Submission process

Applications may be made during the time that is detailed on the ACEM Website and ACEM Bulletin.

Applications will be reviewed by the Indigenous Health Committee and the ACEM Foundation Committee.

Awardees will be notified by email.

Please submit nominations by email to the below email address, by the advertised closing date.

e: foundation@acem.org.au