

APPLICATION FORM

Form Nr: AP419
Approved: Jul-2016
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Version No: v4

ACEM FOUNDATION CONFERENCE GRANT 2019

This grant 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.

1. APPLICANT

Full Name	e					
Email						
Address						
Telephon	ie					
2. ELIGII	BILITY					
l am:		Aboriginal		Torres Strait Islander		Māori
Occupation:		ACEM trainee		Medical Practitioner		Medical Student
		Other health pro	ofessional <i>(p</i>	lease specify)		
Place of Empl	oyment	:/Study:				
Professional C	Qualifica	ations:				
Recognised In	digeno	us organisations o	f which you	are a member:		
	☐ Australian Indigenous Doctors' Association (AIDA)			□ Te O	hu Rata o Aotearoa (Te ORA)	
		Other Indigenou	ner Indigenous Health organisation (please specify)			
I have not pre	viously	received the ACEI	M Foundation	on Conference Grant	☐ Yes	□ No
3. CONF	EREN	CE				
This application	on is for	the:				
	☐ Winter Symposium – 30 April-3 May 2019, Rotorua, New Zealand					
	☐ Annual Scientific Meeting – 17-21 November 2019, Hobart, Tasmania					

3.1		engagement in an area of work or study that will benefit from the opportunities and s to be gained at the ASM OR Winter Symposium.
4.	SIGNATURE AND	ACKNOWLEDGEMENT
learn may ι	ings within four (4) w	ference grant, I undertake to submit a brief written report on the conference and key eeks of the end of the conference and also agree that ACEM and the ACEM Foundation ects from my report, for the purposes of publication in ACEM Foundation communications erial.
Signa	ture of Applicant:	Date:
5.	SUPPORTER	
Fu	ull Name	
Eı	mail	
Ac	ldress	
Te	elephone	
	lace of mployment/Study	
	rofessional ualifications	

		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)
5.1	Detail t	he applicant's demonstrated interest in emergency medicine practice and/or research
5.2	Detail t	he applicant's demonstrated leadership qualities in their field of endeavour.

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Signature of Supporter:	Date:

7. SUBMISSION PROCESS

Applications may be made during the time the Expressions of Interest are open as detailed on the ACEM Website and ACEM Bulletin.

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

Awardees will be notified by email.

Please submit nominations to the following address, either via e-mail or hardcopy, by the advertised closing date.

ACEM Foundation 34 Jeffcott Street WEST MELBOURNE VIC 3003

e: foundation@acem.org.au