



STUDENT ELECTIVE GRANTS

APPLICATIONS CLOSE FRIDAY 26 APRIL 2019

(Please type or print in spaces provided)

APPLICATION

1. APPLICANT DETAILS

- 1.1 AMA(NT) Student Membership No. Years Membership

- 1.2 Surname Christian name(s)

- 1.3 Address

_____ Post Code _____
- 1.4 Telephone

- 1.5 Are you an Australian Citizen?
 Yes
 No
- 1.6 Supporting Documentation
Although selection is not based on academic merit, please attach copies of CV and academic record.

2. PLACEMENT DETAILS

- 2.1 Place(s) of Placement

- 2.2 Reasons for Choosing Placement(s)

AUSTRALIAN MEDICAL ASSOCIATION (NORTHERN TERRITORY) INC.

Residential Address:
Unit 2/25 Parap Road
PARAP NT 0820
Phone: (08) 8981 7479
Email: fthomson@amant.com.au

Postal:
PO Box 2299
PARAP NT 0804
Fax: (08) 8941 0937
Website: www.amant.com.au

2.3 Duties and Responsibilities while Undertaking Placement

2.4 Quality of medical care and current facilities available

3. EVIDENCE OF PLANNING

3.1 Brief Itinerary

3.2 Draft Budget

3.3 Correspondence Confirming Placement

(Attach copies of correspondence)

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3.4 Any other Information
(Please add any other information you feel is relevant to your application)

I, the undersigned will, within two months of my return, provide the AMA (NT) a report of no more than 750 words for publication on the AMA NT website.

Signature

Date

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