

The Royal New Zealand College of General Practitioners
Research and Education Charitable Trust

TRAVEL GRANT APPLICATION FORM 2010

General Instructions

Please note there are one or more grants available up to a total of \$3000 per annum.

1. Please supply one signed and dated copy of the application on A4 paper.
Applications must be typed.
2. Applications must reach the Trust Secretary, PO Box 10440, Wellington 6143, four weeks before a Trust meeting.
3. Applications close at 5.00 pm on Friday, 30 July and 29 October 2010.

Last name: _____ Title: _____

First name(s): _____

Address: _____

Town/City: _____

Telephone: (Work) _____ (Home) _____

Fax: _____ Email: _____

Iwi Affiliation (if relevant): _____ Hapu (if relevant): _____

Ethnicity: _____

Section 1

Present position (if relevant): _____

Please give the following details:

1. The purpose of travel: _____

2. Location: _____

3. Proposed itinerary: _____

4. Significance of trip to general practice in New Zealand: _____

5. Communication of learning to other general practitioners: _____

6. Budget – (salary, travel etc.): _____

Section 3 Referee support – Note: application must be supported by at least one referee

I support this application.

Name of referee:

Position:

Address:

Telephone: Email:

Signed: (Referee) Date:

I support this application.

Name of referee:

Position:

Address:

Telephone: Email:

Signed: (Referee) Date:

Signed: (Applicant) Date:

(This information is confidential)