



**THE OBESITY SURGERY SOCIETY OF
AUSTRALIA & NEW ZEALAND**

**2016 OSSANZ / MEDTRONIC Travelling Scholarship
GUIDE TO COMPLETING THE APPLICATION FORM**

Applicants must read these instructions carefully before submitting an application

1. Prior to completing the application form applicants must read the Guidelines as advertised on the OSSANZ website at www.ossanz.com.au
2. These scholarships are open to all Younger Fellows who are members of OSSANZ as per the criteria stipulated under 'Eligibility Criteria' and 'Guidelines for Selection'.
3. Applicants must submit an application on the prescribed form, where applicable, accompanied by a brief curriculum vitae. Pages in excess of those in the application form, with the exception of the curriculum vitae, will not be considered. The format of the application form must not be altered in any way. Applications are not to be handwritten.
4. Do not submit the application form or curriculum vitae bound or on coloured paper.
5. Applicants must not have commenced their travels prior to the closing date for applications.
6. Applicants must forward **one original hardcopy** of their application and curriculum vitae and **one electronic copy** in Microsoft Word or Adobe PDF Format to the OSSANZ Scholarship Coordinator at the address shown below no later **15 June 2016**. Applications received after this date **will not** be considered.

Miss Michaela Kelly-Nixon
OSSANZ
59-69 Shafston Avenue
KANGAROO POINT QLD 4169
Phone: 1800 OSSANZ
Email: info@ossanz.com.au

7. It is the applicant's responsibility to ensure the application is received by the OSSANZ Scholarship Coordinator by no later than the 15th of June 2016.

APPLICATION FORM

SECTION A

TRAVELLING SCHOLARSHIPS FOR 2016

Full Name (including Title):

Postal Address (including State and Postcode):

Is this a work or a home address (please tick)

Work

Home

Home Telephone

Business Telephone

Mobile Number

Fax Number

Email

Gender

Male

Female

SECTION B

Please tick the appropriate answers to the following questions.

Do you currently hold a FRACS?

No

Yes

What year did you gain your Fellowship?

Year

Are you registered to practice Bariatric Surgery in Australia or New Zealand?

No

Yes

→ Please attach a certified copy of your registration.

SECTION C

Please read the following Guidelines for the available Travelling Scholarship by ticking the eligibility box.

Award	Conditions Statement	Eligibility
OSSANZ / Medtronic Travelling Scholarships	Are you a Fellow of OSSANZ who has gained your Fellowship in the past 10 years? Are you planning/willing to attend an International Conference in order, on your return, to exchange information to the OSSANZ Annual Scientific Meeting / Conference and to also prepare a paper suitable for the OSSANZ Website?	Yes <input data-bbox="1422 479 1465 524" type="checkbox"/>

SECTION D

1. Please complete the following details relating to your present employment.

Employer/Source of Funding	
Tenure (if untenured please give date of termination of current post)	
Grade / Status	

2. Please list your PREVIOUS post-graduate appointments in date order.

Place of Work	Posts Held	Date

3. Please list below all your university qualifications and post graduate degrees, including the year of award and institution.

Year	Qualification	Institution

4. Please detail below any noteworthy academic achievements in your career to date.

Please provide details of publications in refereed journals. Please include the Journals, title, page numbers and names of co-authors (details of papers in press may be added but abstracts should be listed separately in your curriculum vitae).

Publication	Title	Page Numbers	Co-Authors

5. What are your career intentions?

SECTION E Complete this section if applicable.

6. Are you enrolled in a higher degree?

No Yes

7. Are you intending to enrol in a higher degree?

No Yes

Which higher degree are you enrolled in or intending to enrol in and at which institution?

SECTION F

8. Please complete the following details relating to the proposed duration of the travel.

Proposed
Commencement
(month and year)

Proposed
Completion
(month and year)

9. Please provide an abstract of the proposed travel you wish to undertake.

SECTION G

10. Please provide the name and contact details of the person to whom **Referee Form One** has been passed to for completion. Please note that Referee's must be financial members of OSSANZ.

Name (Including Title)		
Position		
Contact Address		
Telephone Number		
Email Address		

11. Please provide the name and contact details of the person to whom **Referee Form Two** has been passed to for completion.

Name (Including Title)		
Position		
Contact Address		
Telephone Number		
Telephone Number		

SECTION H

I certify that the information supplied in this application is true and correct. I understand that the Obesity Surgery Society of Australia & New Zealand 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: ____ / ____ / ____

Your Personal Application Checklist

Application Form completed and attached

Referee Forms completed and attached

CV attached

REFEREE FORM ONE

TRAVEL SCHOLARSHIPS, FELLOWSHIPS AND GRANTS

Applicant's Name

The above named applicant has applied for an OSSANZ Travel Scholarship for 2015. Could you please complete and return in confidence one copy of this form to Miss Michaela Kelly-Nixon, Scholarship Coordinator, 59-69 Shafston Avenue, KANGAROO POINT QLD 4169, prior to **5.00pm on 15th June 2016**.

Failure to return the form by the closing date may adversely affect the application.

How long have you known the applicant?

Do you believe the travel itinerary planned by the applicant satisfies the objective of the Travelling Scholarships, being to gain knowledge or expertise in a field that will ultimately benefit the applicant, OSSANZ and the Community?

State your views on the applicant's ability and suitability to maximise the benefit of the travel itinerary as outlined.

Name (Including Title)

Position

Signature

REFEREE FORM TWO

TRAVEL SCHOLARSHIPS, FELLOWSHIPS AND GRANTS

Applicant's Name

The above named applicant has applied for an OSSANZ Travel Scholarship for 2015. Could you please complete and return in confidence one copy of this form to Miss Michaela Kelly-Nixon, Scholarship Coordinator, 59-69 Shafston Avenue, KANGAROO POINT QLD 4169, prior to **5.00pm on 15th June 2016**.

Failure to return the form by the closing date may adversely affect the application.

How long have you known the applicant?

Do you believe the travel itinerary/research planned by the applicant satisfies the objective of the Travel Fellowships and Scholarships, being to gain knowledge or expertise in a field that will ultimately benefit the applicant, the College and the Community?

State your views on the applicant's ability and suitability to maximise the benefit of the travel itinerary as outlined.

Name (Including Title)

Position

Signature
