

ALLIED HEALTH & NURSING GRANT APPLICATION FORM

Only members of the Allied Health and Nursing profession who submit an abstract for oral presentation at the Annual Scientific Meeting are eligible to apply for the grant.

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone (W): _____ Telephone (H): _____

Mobile: _____

Email: _____

Are you a member of the allied health or nursing profession? Yes / No (please circle one)

In 50 words or less, explain how your attendance at the **Annual Scientific Meeting** will assist you in your day to day work activities.

Please email this form on PDF to ANZHNCs Secretariat

Email: info@anzhncs.org