



**HEALTH PROFESSIONAL  
APPLICATION FORM**

*Empowerment through knowledge*

**Closing Date: See Note 1**

USE ONLY THIS FORM – DO NOT USE ADDITIONAL PAGES. **TYPE OR PRINT BY HAND**  
INFORMATION ABOUT THE FELLOWSHIP SHOULD BE **READ** BEFORE COMPLETING THIS FORM.

**PERSONAL DETAILS**

Title:..... Given Names:..... Surname: .....

Address (Residential):.....Postcode:.....

Address (Postal):.....Postcode:.....

Date of Birth: ...../...../19..... Tel: (W) 08 ..... (H) 08.....

Mobile: ..... Fax: 08 .....

Email: ..... Years of NT Residence: .....

Where did you hear about the Bill Raby Diabetes Fellowship:.....

**PROFESSIONAL DETAILS**

Profession: .....Years Practising: .....

Educational Qualifications	Institution	Years of Study

**EMPLOYMENT DETAILS**

Present Occupation: ..... Date Began: ...../...../.....

Employer's name & address: .....

..... Tel: 08 .....

Previous two positions: (1)..... Years there:.....

(2) ..... Years there:.....

Community Activities: .....

**REASONS FOR APPLICATION**

Proposed Continuing Professional Development Activity:

Proposed Start Date of CPD Activity: ...../...../..... Proposed Finish Date of CPD Activity: ...../...../.....

Estimated Cost of CPD: (Please quote GST inclusive costs itemise wherever possible)

Expenditure Item	Amount \$
<b>Total</b>	

How will this CPD benefit you professionally:

How will this CPD benefit people with diabetes in the NT:

I have read and accept the **Privacy Statement** included in the Information Section:  (Please check box)

I have read and accept the **Fellowship Agreement** available from the website:  (Please check box)

Signature: ..... Date: .....

**SUPPORTING DOCUMENTS:** Tick box to confirm each supporting document is included. Applications without ALL supporting documents will NOT be accepted.)

Professional Reference:  Character Reference:  Employer Agreement:

**DO NOT SUBMIT ADDITIONAL PAGES**

**Post to: Bill Raby Diabetes Fellowship, Healthy Living NT, PO Box 40113 CASUARINA NT 0811**  
**Deliver to: Healthy Living NT, Shop 2, Tiwi Place, TIWI NT 0810**

**Note 1: Applications to the Fellowship can be made at any time of the year. Governors meet twice a year to consider applications, in June and December annually. Applications should be submitted by no later than 31 May and/or 30 November respectively to be considered in the current funding round.**