



**Aboriginal Health Practitioner
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 Mobile:

Fax: 08 Email:

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

EMPLOYMENT DETAILS

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

Employer's name & address:

..... Tel: 08

REASONS FOR APPLICATION

Proposed Continuing Professional Development Activity:

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Proposed Dates of CPD Activity:

Estimated Cost of CPD: (Please quote GST inclusive costs wherever possible) \$.....

I confirm that I am a Registered Aboriginal Health Practitioner with a current practising certificate.

Signature: Date:

DO NOT SUBMIT ADDITIONAL PAGES

CLOSING DATE: See Note 1

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.