**APPLICATION FORM**

**NEW ZEALAND ASM TRAVELING SCHOLARSHIP**

**(Christchurch 13-15 June 2024)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Current Employer:** |  |
| **Email address:** |  |

|  |  |  |
| --- | --- | --- |
| **Are you a Cardiac Society Member?** | **Yes** | **Pending** |

|  |
| --- |
| **Please indicate your membership category** |
| **Advanced Trainee** | **Allied Health** | **Nurse** | **Other:** |

|  |  |  |
| --- | --- | --- |
| **Have you been invited to present at NZ ASM 2024?** | **Yes** | **No** |
| **Have you submitted an abstract to NZ ASM 2024?** | **Yes** | **No** |
| **If yes, under which theme?** |  |

|  |  |  |
| --- | --- | --- |
| **Have you received a CSANZ NZ Traveling Scholarship in the past?** **If yes, please note the year you received it.** | **Yes** | **No** |
|  **Year:** |
| **Is other funding available to you?** | **Yes** | **No** |
| **Is there any other information that you would like to provide to support your application?** | **Yes** | **No** |
| *(continue on a new page if necessary)* |

***Please return to the Executive Officer by 5pm Friday 1 MARCH 2024: info@cardiacsociety.org.nz***