

All sections require completion

Application Guidelines

(Please read carefully)

- Please refer to the AVBA Scholarship Information sheet.
- Complete this application form in legible handwriting.
- 2 COPIES** of the application are required to be posted to the address shown on page 2 by closing date **27 April 2012.**
- Email submissions will be accepted, details on page 2
- Late applications will not be accepted.**
- All questions should be answered or marked N/A if not applicable. Incomplete applications (including any without the required references) are unlikely to be considered.
- A separate document should be attached which addresses the selection criteria

Personal Details

Family Name

Given Name

Membership Details

AVBA Membership No.

AVBA Membership Level

Contact Details

Address

Suburb

State

Post code

Phone No.

Fax No.

Mobile No.

Email

Occupation Details

Business Name

Position Title (select one)

- | | |
|--|---|
| <input type="checkbox"/> Practice Owner | <input type="checkbox"/> Industry Executive |
| <input type="checkbox"/> Associate Vet | <input type="checkbox"/> Practice Manager |
| <input type="checkbox"/> Industry Vet | <input type="checkbox"/> Vet Nurse |
| <input type="checkbox"/> Industry Representative | |
| <input type="checkbox"/> Other (Specify) | |

Brief description of your responsibilities

Previous professional Experience (most recent first)

Year/s

Employer/Organisation

Position

Year/s

Employer/Organisation

Position

Year/s

Employer/Organisation

Position

Referees

Please provide the names and contact details of two referees acquainted with your qualification / employment whom you have asked to testify to your suitability for the AVBA Scholarship. One of your referees should be your present employer.

Which referee is your current employer? (1) or (2)

(1) Title/Name

Designation

Address

Suburb

State **Post code**

Phone No.

Fax No.

Email

(2) Title/Name

Designation

Address

Suburb

State **Post code**

Phone No.

Fax No.

Email

Academic Career

(Brief description of post secondary education and professional training)

Date

Institution/ Awarding body

Certificates/degrees etc.

Date

Institution/ Awarding body

Certificates/degrees etc.

Date

Institution/ Awarding body

Certificates/degrees etc.

Terms and Conditions

I, (printed name)

hereby agree to the conditions and guidelines of the AVBA/ UNE Partnerships Scholarship. Should I choose to withdraw from the course before completion, I will reimburse any Scholarship costs incurred by UNE Partnerships (maximum monies \$2900).

Signature

Printed Name

Date / /

Please Note

1. Please keep a copy of your submission
2. If you have any query regarding the scholarship, please contact the AVBA office on 07 5596 6100.
3. Return your completed application (two copies) by **27th April 2012.**

Please refer to the Scholarship Information Sheet.

Please attach a copy of this Application Form to the front of each of the two copies of your submission and post to:

**The Scholarship Judging Panel
Australian Veterinary Business Association/
UNE Partnerships
PO Box U199
University of New England NSW 2351**

Alternatively, please email your application to:
practice@unep.edu.au