



Application Form **Postgraduate Studies in Wound Care** **ConvaTec Student Education Grant**

Residency Status	
Are you An Australian citizen	<input type="checkbox"/>
A permanent resident of Australia	<input type="checkbox"/>
A New Zealand citizen	<input type="checkbox"/>
Please note: International students are not eligible to apply for this education grant.	

Personal Details	
Title	Surname
Given Names	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth / /
Monash ID Number	

Postal Address for Correspondence	
Number & Street	
Suburb	State
Country	Postcode
Phone (AH)	Phone (BH)
Mobile Number	Facsimile
Other Email Address	

Supporting documentation required: Please provide the following documents with your application. Documentation must be word processed. Hand written submissions will not be accepted.	
<input type="checkbox"/>	A one page submission (12 font, single spaced) outlining their plan of how completing their Masters in Wound Care will benefit the applicant's clinical practice
<input type="checkbox"/>	A current CV including qualifications, professional and industrial experience, and details of any conference presentations and publications

Additional information	
Are you or any of your relatives or close social/professional associates employees of ConvaTec or its affiliations?	Y N
Are you a previous or current employee or advisory committee member at ConvaTec or its affiliations?	Y N
Have you previously won a travel award from ConvaTec?	Y N
Do you consent to promotion of your receipt of this Education Grant in Victorian College of Pharmacy publications?	Y N
Please list any other relevant aspects not detailed elsewhere that could have an influence on this application	

Convatec Travel Award Application Form

Declaration and signature

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in the withdrawal of an offer of the Education Grant. I acknowledge Monash University reserves the right to seek from other relevant bodies' verification of the standing of my claimed qualifications.

Applicant's Signature _____ **Date** ____/____/____

Please note: Monash University is administering the ConvaTec travel award, however does not favourably endorse Convatec products over any other similar product brand

Privacy statement

The information on this form is collected for the primary purpose of assessing your eligibility to receive an Education Grant. Other purposes of collection include dealing with administrative matters relating to your application, corresponding with you and the compilation of statistics. If you choose not to complete all the questions on this form, it may not be possible for the university to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer by email at

privacyofficer@adm.monash.edu.au

Please submit your application to:

Course Director
Postgraduate Studies in Wound Care
Monash University, Faculty of Pharmacy and
Pharmaceutical Sciences
381 Royal Parade
Parkville VIC 3052

Or email:

adriana.tiziani@pharm.monash.edu.au

Closing date:

November 9, 2009