In this application form we are looking for a project that you have been involved with running and then implementing e.g. the CQI and/or Equity modules for RNZCGP or other new programs or initiatives.

To support your application, you must provide a current signed role description as well as any other relevant supporting documentation.

|  |  |  |
| --- | --- | --- |
| Scholarship that you are applying for: | Parahi / Bronze paper (please only answer FIRST TWO QUESTIONS ONLY) |  |
| Hiriwa / Silver paper |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | PMAANZ Branch |  |

Applicants Contact Details

In this section of the form, please enter your contact details.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| PMAANZ Membership Status |  |
| Email address |  |
| Contact number |  |
| Nominated by (if applicable) |  |

Why would you like to win this Scholarship?

|  |
| --- |
| Please provide a brief outline of your practice, such as patient demographics, who is on the team, a short history of the business and any special services your practice provides (1000 words max). |
|  |

|  |
| --- |
| Education steps you have taken so far? (250 words max) |
|  |

|  |
| --- |
| Your vision for practice management in the next 3-5 years with work force shortages and upcoming changes? (250 words max) |
|  |

|  |
| --- |
| How will you make a difference in the running of the clinic e.g. what innovation will you bring, new ideas and out of the box thinking? (250 words max) |
|  |

Conference attendance:

Finalist will be announced at the 2025 PMAANZ Conference. Please confirm that you will be attending the PMAANZ Conference to receive the scholarship should you win. It is not mandatory for you to attend conference to win a scholarship.

|  |  |
| --- | --- |
| Yes, I will be attending |  |
| No, I can’t attend |  |

Photo release

PMAANZ and the Scholarship sponsor may use photographs of nominees in reports and award promotion. Please read the following statement and tick the box below to indicate your permission for this, should you be one of the finalists or winners:

|  |  |
| --- | --- |
|  | I grant PMAANZ and the Scholarship sponsor, the right to take photographs of me in connection with the Scholarship award. I also agree that PMAANZ and the Scholarship sponsor may use these photographs of me in print and/or electronically for such purposes as publicly, illustration, advertising and web content. |

Applicants signature

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to: education@pmaanz.org.nz

Applications Close: 2 October 2025 5:00pm.

Applications received after the 2 October 2025 will not be accepted.

|  |
| --- |
| Final reminder to include with your application: * Role description (signed by yourself and your employer)
* All relevant supporting documentation
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