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

Visit our PMAANZ website for more Information on [UNEp](https://pmaanz.org.nz/education/une-partnership/).

|  |  |  |
| --- | --- | --- |
| Scholarship that you are applying for: | UNEp 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?**

|  |
| --- |
| A brief account of yourself and work journey into practice management (250 words max). |
|  |

**Your vision for practice management in the next 3-5 years with workforce shortages and upcoming changes?**

|  |
| --- |
| Outline your vision for practice management in the next 3-5 years? (250 words max) |
|  |

**How will you make a difference in the running of the clinic e.g. what innovations** **will you bring, new ideas and out of the box thinking?**

|  |
| --- |
| A brief account of yourself and work journey into practice management (250 words max). |
|  |

**Conference attendance:**

Finalists will be announced at the 2023 PMAANZ Conference in Christchurch. Please confirm that you will be attending the PMAANZ Conference to receive the scholarship should you win.

|  |  |
| --- | --- |
| 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](mailto:education@pmaanz.org.nz)

Applications close: **20 August 2023 5:00pm**.

Applications received after the **20 August 2023** will **not be** accepted.

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