application for a grant

new zealand rheumatology association incorporated

(**NZRA**)

# Section 1a – applicant’s details

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Postal address** |  |
| **Phone number** |  |
| **Gender** | Male / Female / Gender Diverse *(please circle)* |
| **Ethnicity** |  |
| **NZ residency status** | NZ Citizen / NZ Permanent Resident / NZ Work Visa  *(please circle)* |

# section 1b – curriculum vitae

Please attach to this application your curriculum vitae (which should include an outline of degrees/qualifications, work experience, publications, previous honours/awards etc).

# section 2 – proposed areas of study

Summary of proposed training or research:

Intended dates (if applicable):

# section 3 – supporting information

Provide details of support already obtained for proposed programme:

Other scholarships, grants, or awards applied for:

# section 4 – referees

Provide details of three referees who have been forwarded the Referees Report.

|  |  |  |
| --- | --- | --- |
| **Name** | **Email address** | **Date form forwarded** |
|  |  |  |
|  |  |  |
|  |  |  |

By signing this application, I agree that all information given by such referees and all other information obtained by NZRA for the purpose of evaluating my application will be held in confidence by the NZRA in terms of section 29 of the Privacy Act 1993 and the NZRA shall not be required to release such information to me.

I understand that if awarded a NZRA Grant:

* I will be required to submit a report within three months of completing the planned activity for which the Grant is provided.
* If I do not undertake the activity as outlined in this application, I will be required to pay the Grant back to the NZRA.
* I will be required to enter into a Grant Acceptance Agreement with NZRA recording my agreement to the terms on which the NZRA Grant is made.

Dated

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 *(name of applicant)*

Please lodge your application with NZRA by email prior to 1 August.

Email: grants@rheumatology.org.nz