






### **Pacific Surgeons Conference Fund Application Form**

**Please complete all sections of attached form. Where any section does not apply please write in N/A. Please note you will need Adobe Acrobat Pro to complete this interactive form, otherwise please print out and complete manually.**


**You will be required to provide documentary evidence to support your application. This is denoted by  and a reference number on this form. Please refer to the application checklist as to specific details on requirements for validating documentation.**

<b>PERSONAL DETAILS</b>	
Title	
First Name	
Last Name	
Professional qualifications e.g FRACS, MBChB	
Current Street Address	
Town/City	
Island/Country	
Preferred Email	
Alternative Email	
Phone no.	

<b>Usual Home Street address (if different from above) </b>	
<b>Town/City</b>	
<b>Island/Country</b>	
<b>Email (if different from above)</b>	
<b>Nationality </b>	
<b>Citizenship(s)</b>	
<b>Grants or scholarships you receive</b>	<b>Name(s):</b>
	<b>Institution(s):</b>

**EDUCATION**

<b><u>Primary</u> medical degree</b>					
<b>Name and address of awarding institution</b>					
<b>Dates from:</b>		<b>to:</b>		<b>Graduation date</b>	


<b>Post graduate degree (if applicable)</b>					
<b>Name and address of awarding institution</b>					
<b>Dates from:</b>		<b>to:</b>		<b>Graduation date</b>	
<b>Vocational training programme </b>					
<b>Name and address of awarding institution</b>					
<b>Dates from:</b>		<b>To:</b>		<b>completion date (actual or expected)</b>	


**REFEREES**

***Please list three professional references who support you in this application***

<b>Full Name</b>				
<b>Job title</b>		<b>Relationship to you</b>		
<b>Institution</b>		<b>email</b>		
<b>Address</b>				

<b>Full Name</b>			
<b>Job Title</b>		<b>Relationship to you</b>	
<b>Institution</b>		<b>email</b>	
<b>Address</b>			
<b>Full Name</b>			
		<b>Relationship to you</b>	
<b>Institution</b>		<b>email</b>	
<b>Address</b>			

CURRENT EMPLOYMENT	
Job title	
Hospital/ Institution 	
Address	Manager/Supervisor Name:
	Manager/Supervisor Job title:

POST GRADUATE WORK AND RESEARCH EXPERIENCE
<p> 5 Please attach your CV which should cover the following:-</p> <ul style="list-style-type: none"> <li>• Your postgraduate work experience</li> <li>• Fellowships you have undertaken</li> <li>• Research interests – include citations of any publications where you are a named author</li> <li>• Presentations you have given at national or international level</li> </ul>
DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I certify that the supporting documents are genuine and unedited copies of my original documents.</p>
<p>Signature <span style="float: right;">Date</span></p>

**REASONS FOR APPLYING**

**Please tell us a bit about yourself, for example any specific personal surgical interests, projects you have participated in to support your community and any future employment or educational aspirations**

**Please include why you are applying for the Pacifika Fund and the benefits you will believe you will personally gain from attending the NZAGS Conference (ASM) and how this will support the community where you currently or hope to work in the future.**

**It is expected that your answer to this section would be about 500 words (use a separate document if you wish):-**

**Checklist for application:**

**Please ensure you have completed the following:-**

- All sections of application form (or written N/A)
- Provided full contact details for 3 referees
- Signed and dated Page 5

**Please ensure you have included the following documentation. Documents denoted by \* are mandatory. Please do not send originals!**

📄 **1 If you are not currently living in your usual country of residence, please provide a copy of a recent household bill or similar, addressed to you at that address, if appropriate.\***

📄 **2 Copy of your passport\***

📄 **3 Letter from Chair/Manager of Vocational Training Programme to state you are currently enrolled, if appropriate (registrars only)\***

📄 **4 Letter of employment offer or similar for current role\***

📄 **5 Curriculum Vitae which covers your postgraduate work experience (including any Fellowships) and active research commenced or completed in the past 4 years\***

**Please return this application form and your supporting documentation to:-**

Claire Nicoll  
NZAGS  
PO Box 7451  
Wellington 6242  
New Zealand

If you have any questions regarding the fund or completing this form please contact me via email at [claire@nzags.co.nz](mailto:claire@nzags.co.nz)