**APHC 2023 Bursary Application Form:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Indicate which bursary you are applying for *(may choose 1 or both)*

[ ]  Rosalie Shaw Travel Scholarship (RSTS) [ ]  General Bursary1. Full Name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. APHN Membership ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Title *(Choose 1 only)*

|  |  |
| --- | --- |
| o    Dr | o    Mrs |
| o    Prof | o    Ms |
| o    Associate Prof | o    Madam |
| o    Assistant Prof | o    Sr |
| o    Mr | o    Br |

1. Profession

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Speciality

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Current Title / Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Name of your Organisation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Region *(List of countries in the Low Income and Lower Middle Income category, choose 1 only)*

|  |  |  |  |
| --- | --- | --- | --- |
| o    Afghanistan | o    El Salvador | o    Liberia | o    Senegal |
| o    Algeria | o    Eritrea | o    Madagascar | o    Sierra Leone |
| o    Angola | o    Eswatini | o    Malawi | o    Solomon Islands |
| o    Bangladesh | o    Ethiopia | o    Mali | o    Somalia |
| o    Benin | o    Gambia, The | o    Mauritania | o    South Sudan |
| o    Bhutan | o    Ghana | o    Micronesia, Fed. Sts. | o    Sri Lanka |
| o    Bolivia | o    Guinea | o    Mongolia | o    Sudan |
| o    Burkina Faso | o    Guinea-Bissau | o    Morocco | o    Syrian Arab Republic |
| o    Burundi | o    Haiti | o    Mozambique | o    Tajikistan |
| o    Cabo Verde | o    Honduras | o    Myanmar | o    Tanzania |
| o    Cambodia | o    India | o    Nepal | o    Timor-Leste |
| o    Cameroon | o    Indonesia | o    Nicaragua | o    Togo |
| o    Central African Republic | o    Iran | o    Niger | o    Tunisia |
| o    Chad | o    Kenya | o    Nigeria | o    Uganda |
| o    Comoros | o    Kiribati | o    Pakistan | o    Ukraine |
| o    Congo, Dem. Rep. | o    Korea, DPR | o    Papua New Guinea | o    Uzbekistan |
| o    Congo, Rep. | o    Kyrgyz Republic | o    Philippines | o    Vanuatu |
| o    Côte d’Ivoire | o    Lao PDR | o    Rwanda | o    Vietnam |
| o    Djibouti | o    Lebanon | o    Samoa | o    West Bank and Gaza |
| o    Egypt, Arab Rep. | o    Lesotho | o    São Tomé and Príncipe | o    Yemen, Rep. |
|  |  | o    Zambia | o    Zimbabwe |

1. Number of years working in palliative care

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Proportion of your current working time devoted to palliative care *(Choose 1 only)*
* Full Time (100%)
* About 75% of your time
* About 50% of your time
* About 25% of your time
* Not working in a palliative care setting currently
1. What is the title of your submitted abstract

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Share the objectives and outcomes you wish to achieve by participating in this conference

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. How have you contributed to the development of Palliative Care in your region of work? (Only applicable if applying for RSTS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. What have you achieved in your work of Palliative Care in your region? (Only applicable if applying for RSTS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. If you have received or applying to receive funding from other sources, please specify donor and amount

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