**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 Bursary   1. 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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |