



# STUDENT ELECTIVE GRANTS

**APPLICATIONS CLOSE FRIDAY 1 MAY 2020**

(Please type or print in spaces provided)

## 1. APPLICANT DETAILS

1.1 AMA(NT) Student Membership No.      Years Membership  
\_\_\_\_\_

1.2 Surname      Christian name(s)  
\_\_\_\_\_

1.3 Address  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

1.4 Telephone  
\_\_\_\_\_

1.5 Are you an Australian Citizen?  
 Yes  
 No

1.6 Supporting Documentation  
*Although selection is not based on academic merit, please attach copies of CV and academic record.*

## 2. PLACEMENT DETAILS

2.1 Place(s) of Placement  
\_\_\_\_\_

2.2 Reasons for Choosing Placement(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION

**AUSTRALIAN MEDICAL ASSOCIATION (NORTHERN TERRITORY) INC.**

**Residential Address:**  
Unit 2/25 Parap Road  
PARAP NT 0820  
Phone: (08) 8981 7479  
Email: fthomson@amant.com.au

**Postal:**  
PO Box 2299  
PARAP NT 0804  
Fax: (08) 8941 0937  
Website: www.amant.com.au

2.3 Duties and Responsibilities while Undertaking Placement

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2.4 Quality of medical care and current facilities available

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**3. EVIDENCE OF PLANNING**

3.1 Brief Itinerary

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3.2 Draft Budget

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3.3 Correspondence Confirming Placement

*(Attach copies of correspondence)*

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3.4 Any other Information  
(Please add any other information you feel is relevant to your application)

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I, the undersigned will, within two months of my return, provide the AMA (NT) a report of no more than 750 words for publication on the AMA NT website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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