

Professional qualifications (including post-graduate study and year of qualifying)

Work Experience

A. Present Position

Position _____

Employer _____

Dates _____

Duties _____

Proposed Use if You Receive this Award

A. What do you aim to achieve?

B. What methods will you use and which healthcare programmes, clinics, hospitals or academic institutions will you visit? Give details of any courses or conferences you wish to attend.

C. In what ways do you consider you are competent to achieve the aims of the project?

D. How will your activity have relevance to the practice of pharmacy in New Zealand?

E. How do you propose to share your knowledge with other NZHPA members?

Funding

Give full details of other proposed that you will apply for, or confirmed funding that you have:

Expenses

Please give an indicative breakdown of expected expenses.

| Activity | Estimated Cost |
|------------------------------|----------------|
| Travel | |
| Accommodation | |
| Meals | |
| Other (please state) | |
| | |
| Estimated Total Costs | |

Note: Award moneys are paid out retrospectively, after attendance at your conference / event, on submission of an Expense Claim Form along with receipts ('Tax Invoices') for the appropriate expenses.

Signature _____ **Date** _____

Please complete and return this form to:
The Administrator
NZ Hospital Pharmacists' Association
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Email: nzhpa@psnz.org.nz