

NSW PSYCHOLOGISTS REGISTRATION BOARD

APPLICATION FOR EDUCATION AND RESEARCH SCHOLARSHIP

Attendance at an International, National or Local Conference, Seminar or Professional Development Activity for Psychologists.

Closing Dates: **For Projects commencing:**
30 November January, February, March, April
31 March May, June, July, August
31 July September, October, November, December

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individual(s).

1. **ACTIVITY TO BE ATTENDED**.....

LOCATION.....

DATES.....**Amount Of Money Requested \$**.....
(Commencement and Completion)

2. **SURNAME**

OTHER NAMES

MAILING ADDRESS

CONTACT TELEPHONE NUMBER(S)(Home)..... (Work)

PRESENT POSITION

EMPLOYER'S NAME.....

3. **REGISTRATION NUMBER**.....

HAVE YOU RECEIVED A PSYCHOLOGISTS REGISTRATION BOARD SCHOLARSHIP BEFORE? Y / N If so, state Year.....

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIP/GRANT IN REGARD TO THIS ACTIVITY?

* Tick as appropriate Yes * No *

If Yes, give details.....

TAX REQUIREMENTS

1. ARE YOU REGISTERED FOR GST ? * Tick as appropriate Yes* No*

2. IF YES, PLEASE PRINT YOUR ABN.....

3. If you are *NOT* registered for GST please provide a "**Statement by a supplier**" form developed by the Australian Taxation Office indicating on the form that income is of a private or domestic nature and therefore no ABN is provided. NOTE: The "**Statement by supplier**" form must be returned with this application form. "**Statement by supplier**" forms are available from the ATO.

PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS

4. THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED WITH THE APPLICATION

The application *will not be considered* if the required documents are not provided.

Reference must be made to the Education and Research Scholarship information / guidelines.

Document	Page No(s)
(a) Curriculum Vitae showing professional and academic qualifications and experience.	
(b) Objectives for attendance at this activity.	
(c) Statement of how your involvement in this activity will benefit the public (i.e. How would your activity improve psychological services to the public? How would your activity be applied in the training and competence of psychologists? How do you plan to disseminate the material upon your return?)	
(d) Priority Area: Indicate if the application falls into one or more of the following priority areas and provide supporting evidence: (i) funding for psychologists who work in rural and remote areas (ie provide statement of location of work, proximity to other psychological services, access to psychology colleagues etc.); (ii) funding for the continuing professional development of psychologists actively involved in the supervision of provisionally registered psychologists (ie provide numbers or interns currently supervised and amount of time engaged in supervision) (iii) funding for psychologists who do not have access to alternative funding sources (eg university travel grants) (i.e. provide statement regarding availability or access to alternative funding schemes/sources).	
(e) If relevant, copy of all pages of conference brochure or flyer or details of professional development activity (refer to guidelines re information required).	
(f) If relevant, itinerary showing departure date, duration of stay and return to New South Wales.	
(g) Costing of expenses. Itemised costs of travel, accommodation, conference fees etc, including a written quotation for travel/accommodation from 2 accredited travel agents.	

- **The Original and four (4) copies of the application (i.e. of the form and all documents are to be provided.**

5. I AM FULLY AWARE OF THE TERMS OF THE SCHOLARSHIP AND HEREBY UNDERTAKE IF SUCCESSFUL:

- (a) To abide by the conditions of the Scholarship;
- (b) To return any monies not used for the purpose of the Scholarship; and
- (c) To supply to the Board with a report within one (1) month of completing the activity.

Signature.....

Witnessed by a Justice of the Peace.....

Date.....

PLEASE RETURN TO:

THE REGISTRAR
NSW PSYCHOLOGISTS REGISTRATION BOARD
PO BOX K599
HAYMARKET NSW 1238

OR DELIVER BY HAND TO:

PSYCHOLOGISTS REGISTRATION BOARD
LEVEL 2
28-36 FOVEAUX STREET
SURRY HILLS NSW 2010

PLEASE NOTE THAT THIS APPLICATION MUST BE *RECEIVED* IN THE BOARD'S OFFICE BY THE RELEVANT CLOSING DATE AS SHOWN OVERLEAF. LATE APPLICATIONS WILL NOT BE CONSIDERED.

OFFICE USE

PREVIOUS SCHOLARSHIP

DATE OF RECEIPT YEAR.....CATEGORY.....AMOUNT\$.....

CURRENT REG **Conditions Met**

Yes*

No*
