



New Zealand College of Public Health Medicine

2018 Māori Scholarship for the Annual Scientific Meeting

Application Form

Last Name			
First Names			
Date of Birth (dd/mm/yy)		Gender	
Postal Address			
Phone Numbers	<i>Home</i>	<i>Work</i>	<i>Mobile</i>
Email Address			
Māori Ancestry <i>Please state iwi/hapu</i>			
I am: <i>Please tick which applies</i>	<input type="checkbox"/> Māori trainee intern at a New Zealand Medical School		
	<input type="checkbox"/> Māori PGY 1 doctor working in New Zealand		
	<input type="checkbox"/> Māori PGY 2 doctor working in New Zealand		
Please provide a statement about why you wish to attend the NZCPHM ASM.			

Signature:

Date:/...../.....

Applications should be submitted electronically to admin@nzcphm.org.nz by 20 July 2018.