

Dave Lilley Memorial Education Scholarship for Clinical Renal Physiologist/Technologist



Dave Lilley was employed as a Senior Clinical Renal Physiologist at Auckland District Health Board (ADHB) in 2007 to establish the Home Haemodialysis Service. Dave worked as a Manager for the Home Haemodialysis service in Middlemore Hospital for many years prior to joining ADHB. He was also a founding board member of Renal Physiologist professional society and the New Zealand Board of Dialysis Practice (NZBDP) Inc. Dave received a life time achievement award at the NZBDP symposium, 2011, for his contribution to the Renal Physiologist workforce and Renal community.

Dave died suddenly at home on the 10th of October, 2017, as he was getting ready for work, leaving a huge gap in the lives of his family, his friends, his patients and his colleagues.



In honour of Dave's contributions to the renal community of New Zealand, the New Zealand and Australia Society of Renal Dialysis Practice Inc. (NZASRDP) are proud to announce an annual Dave Lilley Memorial Education Scholarship for Clinical Renal Physiologist/Technologist in New Zealand and Australia.

NZBDP award presented to Dave Lilley in 2011

Eligibility Criteria

Applicants must be a financial member of NZASRDP Inc.

Requests for funding must be submitted using the Dave Lilley Memorial Education Scholarship application form by 30th of June annually to the chairman, NZASRDP.

Scholarship will be capped at NZ \$1,000 annually. This will be allocated at the discretion of the board and funds reimbursed after submission of original receipts.

All successful applicants will be required to submit a written report of 500-1000 words within one month of receipt of funding.



**New Zealand and Australia Society of Renal Dialysis Practice Inc.
(NZASRDP)**

Dave Lilley Memorial Education Scholarship Application form

Applicant name: _____

Address: _____

Telephone number: _____ Mobile: _____

Email address: _____

NZASRDP Reg. No: _____

Place of employment: _____

Current position: _____

Details of the educational activity you wish to request funding for including expenses, conference or course title (where applicable):

Outline the intended benefits/objectives of attending this educational activity:

Have you requested other financial support? (If yes, please provide details) Yes ☐ No ☐

If attending a conference or symposium, are you presenting a paper? (If yes, please provide details including evidence for abstract acceptance) Yes ☐ No ☐

Declaration:

I agree to provide original Tax Invoices for expenses incurred by me for the approved educational activity and bank details for direct credit of approved funding.

I agree to submit a written report to NZASRDP within a month of accepting the funding.

I declare that all the information submitted in this application is true and correct.

Applicant signature: _____ Date: _____

Sign off by Professional Leader/Manager:

Name & Signature of Professional Leader/Manager: _____

Contact details for Professional Leader/Manager: _____

Completed applications with accompanying documentation to be forwarded by email to:

New Zealand & Australia Society of Renal Dialysis Practice
admin@nzasrdp.com

OFFICE USE ONLY:

Date application received:	Application Assessed by:	Date & Signature
	1.	
	2.	
Funding Approved YES/NO	Remarks:	