



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

Pharmacology Scholarship Application form

Applicant's name: _____

Address: _____

Telephone number: _____ Mobile: _____

Email address: _____

NZASRDP Reg. No: _____

Place of employment/placement: _____

Current position: _____

Current University/Institution: _____

Course of study: _____

Expected date of completion: _____

Declaration:

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

Applicant signature: _____ Date: _____

Sign off by Professional Leader/Manager:

Professional Leader/Manager name: _____

Professional Leader/Manager signature: _____

Professional Leader/Manager email: _____

Completed applications with accompanying documentation to be forwarded by email:

New Zealand & Australia Society of Renal Dialysis Practice

North Shore Hospital Private Bag 93503 Takapuna
p: 09 440 6973 | m: 021 307 405 | f: 09 442 3218
Attn: Balaji Jagannathan, Board Chair
admin@nazsrdp.com

OFFICE USE ONLY:

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