



STUDENT ELECTIVE GRANTS

APPLICATIONS OPEN FROM 1st July – 31st August 2009

APPLICATION

Please complete the following:

1. APPLICANT DETAILS

- 1.1 AMA(SA) Student Membership No. Years Membership

- 1.2 Surname Christian name(s)

- 1.3 Address

_____ Post Code _____
- 1.4 Telephone

- 1.5 Are you an Australian Citizen?
 Yes
 No
- 1.6 Supporting Documentation
Although selection is not based on academic merit, please attach copies of CV and academic record.

2. ELECTIVE DETAILS

- 2.1 Place(s) of Elective

- 2.2 Reasons for Choosing Elective(s)

AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.

First Floor, Newland House
80 Brougham Place
NORTH ADELAIDE SA 5006
Phone: (08) 8267 4355
Email: dayna@amasa.org.au

Postal: PO Box 134
NORTH ADELAIDE SA 5006
Fax: (08) 8267 5349
Website: www.amasa.org.au

2.3 Duties and Responsibilities while undertaking Elective

2.4 Quality of medical care and current facilities available

3. EVIDENCE OF PLANNING

3.1 Brief Itinerary

3.2 Draft Budget

3.3 Correspondence Confirming Placement

(attach copies of correspondence)

AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.

First Floor, Newland House
80 Brougham Place
NORTH ADELAIDE SA 5006
Phone: (08) 8267 4355
Email: dayna@amasa.org.au

Postal: PO Box 134
NORTH ADELAIDE SA 5006
Fax: (08) 8267 5349
Website: www.amasa.org.au

