**SSA Conference Scholarship Program Self-Nomination Form**

**CLOSING DATE: Friday, 30 July 2021 at 11.59pm AEDT.**

To be eligible to receive a conference scholarship for the SSA 2021 conference, candidates must return the following in **one collated pdf document:**

1. Signed self-nomination form (this form) - nominations by other parties will **not** be accepted
2. A statement from your immediate supervisor on behalf of your institution stating that other possible sources of funding have been applied for and institutional funding is not available (or a statement indicating what funding has been made available).
3. A recommendation form completed by your employer, supervisor or academic instructor.

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| 1. **Candidate details** | |
| Name |  |
| Discipline |  |
| Affiliation/s |  |
| Email address |  |
| Postal address |  |
| Telephone number/s |  |
| Eligibility Criteria (please indicate criteria that apply) | Be currently enrolled in an undergraduate or postgraduate degree program, or  Be currently enrolled in a masters by research, or a PhD, or  Have been awarded a PhD within the previous five years where there has been significant career interruption for maternity or parental leave, carer's responsibility, illness, or  Have been awarded a PhD within the previous eight years and not be employed in a senior role at a medical or research institution or university (e.g. Senior Lecturer) |

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| 1. **Details of Funding sought** | | |
| **Item** | **Description** | **Cost (in AUD)** |
| Travel |  |  |
| Accommodation | Number of nights = |  |
| Conference registration fees |  |  |
| Other items may be considered subject to available funding |  |  |

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| 1. **Reason for scholarship** |
| **3a. How will your participation in the SSA conference enhance your own knowledge and/or skills? (max 150 words)** |
| Cut/paste/type freely into this box |
| **3b. How will you share the knowledge and skills that you gain with your colleagues? (max 150 words)** |
| Cut/paste/type freely into this box |

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| 1. **Candidate self-nomination agreement** |
| By signing this nomination, I agree to:   * Have my name published in the conference app as a scholarship recipient * Have my name published on the SSA website as a scholarship recipient * Provide a written report (300 words) within 2 months of attending the conference on how my attendance at the conference has enhanced my knowledge, skills and service delivery.   Signature: Date: DD / MM / YYYY |

**Submission Instructions:**   
Email the information to the Conference Secretariat: ssa2021@dcconferences.com.au  
Title your email: ‘SSA2021 - Scholarship application: Your Name’  
**Nominations close on Friday, 5 February 2021 at 11.59pm AEDT.**

**Late nominations will not be accepted.**