



# Australian Society of Cytology

## Cytologist Travel Scholarship

### **AIM:**

The aim of the ASC Cytologist Travel Scholarship is to provide an opportunity to a cytologist to improve their knowledge and skills pertaining to research, diagnosis, treatment or health education and promotion in cytology. The scholarship will provide cytologists with an opportunity to engage in academic scholarship that will have a direct impact on their professional development and workplace.

### **ELIGIBILITY:**

The scholarship is open to current non-medical members of the Australian Society of Cytology. Applicants must be residents of Australia and must be supported by their employing authority (ie. public / private laboratory or scientific organisation) with an undertaking of re-employment on completion of tenure. Applications are invited from individuals only. The scholarship can be used for attaining professional qualifications (eg IAC) however it must not be used for postgraduate tertiary study only

### **VALUE:**

The amount of the grant will be determined on the basis of the length and needs of the program submitted and is subject to the financial position of the Society. It will not, however, exceed a maximum of \$AUD10,000 but can be applied to one or more applicants.

### **TENABLE:**

Applications will close June 30<sup>th</sup> of each year with the scholarships being announced at the Annual Scientific Meeting ASC in the following October. Funds must be used within 12 months of being granted.

### **OTHER INFORMATION:**

All travel and medical insurance associated with the scholarship is the sole responsibility of the applicant. Intending applicants should indicate in what way the Scholarship is likely to advance or improve the knowledge or research, diagnosis, treatment or education about Cytology. It must also include the method of dissemination of such information gained as a result of the Scholarship. Applications should be made on the approved application form and should be word-processed. Additional information can be submitted, but the application must not exceed 10 pages in total. Applicants are expected to submit a final report on the outcome of the scholarship which may be published in Cytoletter. Applications are submitted to the Executive Officer Ms Bev James by the due date and will be assessed by the ASC Board of Education.

### **APPLICATIONS CLOSE**

**5pm June 30<sup>th</sup>**

*For further information and application forms, please contact:*

Bev James

The Australian Society of Cytology  
PO Box 491, North Adelaide  
Tel: 08-83617233 Fax: 08-83617357  
Email: [ascinc@ozemail.com.au](mailto:ascinc@ozemail.com.au)

or download a form from  
Web: [www.cytology-asc.com](http://www.cytology-asc.com)

# ASC CYTOLOGIST TRAVEL SCHOLARSHIP

## APPLICATION FORM

| <b>SECTION 1.</b>           |                 |            |              |                |
|-----------------------------|-----------------|------------|--------------|----------------|
| <b>PERSONAL INFORMATION</b> |                 |            |              |                |
| <b>Title</b>                |                 | <b>DOB</b> |              |                |
| <b>Name</b>                 |                 |            |              |                |
| <b>Address</b>              |                 |            |              |                |
|                             | <b>Postcode</b> |            | <b>State</b> | - Choose State |
| <b>Telephone</b>            | <b>Work</b>     |            | <b>Home</b>  |                |

| <b>EDUCATIONAL DETAILS</b> ( <i>detail your qualifications</i> ) |  |
|--|--|
| <b>Tertiary</b>  |  |
| <b>Other Qualifications</b>                                      |  |

| <b>EMPLOYMENT HISTORY</b>                      |  |
|--|--|
| <b>Current Employer</b>                        |  |
| <b>Current Position</b>                        |  |
| <b>Current Duties</b>                          |  |
| <b>Length of Employment with this employer</b> |  |

| <b>MEMBERSHIP IN PROFESSIONAL GROUPS/ORGANISATIONS:</b>                    |  |
|--|--|
| <b>Please state your involvement with Professional Groups / Committees</b> |  |



**Indicate the manner in which experience gained during the Study Program might be expected to contribute to research, diagnosis, treatment or health education and promotion in cytology. (max 500 words)**

|  |
|--|
|  |
|--|

| <b>AMOUNT OF FINANCIAL ASSISTANCE REQUESTED</b> |   |              |          |
|---|---|--------------|----------|
| <b>Airfares</b>                                 | <i>Detail all air travel to be undertaken during the study program.<br/>Itemise this information sequentially</i> |              |          |
|   |   |              |          |
| <b>Total Funds sought for Airfares</b>          |   | <b>\$AUD</b> | <b>A</b> |

|   |  |              |          |
|---|--|--------------|----------|
| <b>Transfers</b>                        | <i>Estimate the cost of transfers.</i> |              |          |
|   |  |              |          |
| <b>Total Funds sought for Transfers</b> |  | <b>\$AUD</b> | <b>B</b> |

|   |  |              |          |
|---|--|--------------|----------|
| <b>Living Expenses</b>                        | <i>Estimate daily living allowance to cover cost of accommodation, meals</i> |              |          |
|   | \$AUD  | / day for    | days     |
| <b>Total Funds sought for Living Expenses</b> |  | <b>\$AUD</b> | <b>C</b> |

|   |  |              |          |
|---|--|--------------|----------|
| <b>Conferences Registration</b>           | <i>Itemise the registration costs of the conference(s) you will attend (if required)</i> |              |          |
| <b>1</b>                                  |  | <b>\$AUD</b> |          |
| <b>2</b>                                  |  | <b>\$AUD</b> |          |
| <b>3</b>                                  |  | <b>\$AUD</b> |          |
| <b>Total Funds sought for Conferences</b> |  | <b>\$AUD</b> | <b>D</b> |

|  |  |              |  |
|--|--|--------------|--|
| <b>Total Funds Requested ( A + B + C +D)</b> |  | <b>\$AUD</b> |  |
|--|--|--------------|--|

**DURING THE PERIOD OF STUDY, OUTLINE WHAT ADDITIONAL FINANCIAL SUPPORT DO YOU EXPECT TO RECEIVE (GRANTS, BURSARY, SPONSORSHIP, SALARY) (max 500 words)**

**Please indicate if you have previously been the recipient of a ASC Cytologist Travel Scholarship**

**Please Tick**      Yes     No

**When**

**APPLICANTS DECLARATION**

I, \_\_\_\_\_, hereby make formal application to the Australian Society of Cytology for the Cytologist Travel Scholarship for study in \_\_\_\_\_

Further, should this application be successful, I undertake to submit to the Australian Society of Cytology a written report within three (3) months of completion of the Study Program. I acknowledge that I accept full responsibility for all travel and medical insurance associated with the scholarship.

\_\_\_\_\_  
Applicant's signature

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**EMPLOYERS RECOMMENDATION**

I / We, \_\_\_\_\_, fully endorse the application of \_\_\_\_\_ for the Australian Society of Cytology for the Cytologist Travel Scholarship

In the event of this application being successful, I / We undertake to give continuation of employment to the applicant above on their return.

\_\_\_\_\_  
Employer's Signature

\_\_\_ / \_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Position

Applicants can append additional information to support their application.  
The application must not exceed 10 pages total.