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| Application: [APPLICANT Surname: Click here to enter text.] Dinning Memorial Neurosurgical Scholarship (DMNS) 2026 |
| APPLICANT DETAILS

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| **Name:** | **Click here to enter Name.** |
| **Work Address:** | Click here to enter text. |
| **Telephone:** (work) | Click here to enter text. | **Telephone:** (mobile) | Click here to enter text. |
| **Email:** | Click here to enter text. | **Position:** | Click here to enter text. |
| **Current Employer:**(if applicable) | Click here to enter text. |
| **University:** | Click here to enter text. | **Department:** | Click here to enter text. |
| **Australian Citizen or Permanent Residency:** | Yes [ ]  No [ ]  Click here to enter text.*If you are applying as a Permanent Resident please provide your confirmation letter.* |

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| CURRICULUM VITAE (CV) Please provide a full CV (either by attaching it at the end of the application form or providing details below) and include the following criteria:Qualifications (including year of passing final year examination, if medical graduate)* **Publications / Presentations**

Academic records - Please attach photocopies of undergraduate and postgraduate recordAwards / PrizesPostgraduate experience (brief summary – 300 words maximum)[ ]  Attached at end of Application FormEnter CV details here. |
| REFEREE(S) DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name:** | Click here to enter Name |  | **Name:** | Click here to enter Name |
|  | **Department:** | Click here to enter text. |  | **Department:** | Click here to enter text. |
|  | **Position:** | Click here to enter text. |  | **Position:** | Click here to enter text. |
|  | **Institution:** | Click here to enter text. |  | **Institution:** | Click here to enter text. |
|  | **Telephone:** | Click here to enter text. |  | **Telephone:** | Click here to enter text. |
|  | **Email:** | Click here to enter email |  | **Email:** | Click here to enter email |

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| 1. **Nature of the research/meeting/clinical project:** (Sections 4-6 max 1000 words in total)

Click here to enter text.

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| RESEARCH SUPPORT: (Sections 4-6 max 1000 words in total)Please provide details of the direct research costs of the project, including a detailed budget.Click here to enter text. |
| How will the scholarship enhance your neurosurgical skill and knowledge? (Sections 4-6 max 1000 words in total)Click here to enter text. |