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| Application: [APPLICANT Surname: Click here to enter text.]Dinning Memorial Neurosurgical Scholarship (DMNS) 2026 |
| APPLICANT DETAILS  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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.* | | | | |
| 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 Form  Enter 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 | |
| 1. **Nature of the research/meeting/clinical project:** (Sections 4-6 max 1000 words in total)   Click here to enter text.   |  | | --- | |  | |
| 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. |