



# STUDENT ELECTIVE GRANTS

**APPLICATIONS CLOSE WEDNESDAY 31 May 2023**

# APPLICATION

(Please type or print in spaces provided)

## 1. APPLICANT DETAILS

1.1 AMA(NT) 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. PLACEMENT DETAILS

2.1 Place(s) of Placement

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2.2 Reasons for Choosing Placement(s)

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**AUSTRALIAN MEDICAL ASSOCIATION (NORTHERN TERRITORY) INC.**

**Residential Address:**  
Unit 2/25 Parap Road  
PARAP NT 0820  
Phone: (08) 8981 7479  
Email: fcrombie@amant.com.au

**Postal:**  
PO Box 2299  
PARAP NT 0804  
Fax: (08) 8941 0937  
Website: ama.com.au/nt

2.3 Duties and Responsibilities while Undertaking Placement

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2.4 Quality of medical care and current facilities available

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**3. EVIDENCE OF PLANNING**

3.1 Brief Itinerary

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3.2 Draft Budget

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3.3 Correspondence Confirming Placement

*(Attach copies of correspondence)*

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3.4 Any other Information  
(Please add any other information you feel is relevant to your application)

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**I, the undersigned will, within two months of my return, provide the AMA (NT) a report of no more than 750 words for publication on the AMA NT website.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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