

ASSTA Special ICPHS 2023 Student/ECR Travel Award

Applicant Details

TITLE _____ SURNAME _____

GIVEN NAMES _____

POSTAL ADDRESS _____

TELEPHONE (____) _____ EMAIL _____

ASSTA MEMBERSHIP NUMBER _____

Please select and fill in appropriate information:

____ I am currently enrolled in postgraduate studies at an Australian or New Zealand University.

DEGREE PROGRAMME (e.g. PhD full-time) _____

DATE OF COMMENCEMENT _____

NAME OF ACADEMIC INSTITUTION _____

DATE OF AWARD OF MY FIRST DEGREE _____

...OR...

____ I am not enrolled in postgraduate study and I am within 2 years of the awarding of my highest degree.

HIGHEST DEGREE (e.g. PhD) _____

DATE OF AWARDING OF MY HIGHEST DEGREE _____

Title of Paper submitted to the ICPHS 2023 Conference:

Authors on Paper (Applicant must be first author):

Statement of Need

Please provide a justification of need outlining why this grant is necessary for you to attend ICPHS 2023.

Supervisor Declaration

I declare that the applicant satisfies all the eligibility requirements, that the applicant was the main contributor to the work, and that the information given on this application and all attachments provided are true and accurate records and statements and I authorise ASSTA to verify any facts.

I understand that if any information is found to be false this application and/or any subsequent awards may be cancelled.

Signature: _____

Date: _____

Name: _____

Email: _____

Organisation: _____

Role: (e.g PhD Supervisor) _____