

BURSARY APPLICATION FORM

CONFIDENTIAL

Received: _____ Closing Date: _____

Name: Date of Birth:	
Address:	
Phone Number: (work or home) Mobile: Email:	
Pre-existing health issues: This is to assist us in ensuring we have adequate health support in place if needed.	
Are you of Aboriginal and Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer (if not working please provide a community referee)	Name: Address: Contact Phone number: Your Position

Did you received a bursary to attend the Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs, 2016

Yes

No

(If yes can you please give a short paragraph of the benefits to you in attending);

Tell us why you want to attend the conference and how will you share your conference experience back with your community?

If you are successful in receiving a bursary please advise what you can contribute financially to your attendance?

Please indicate bursary requirements:

National Indigenous Suicide Prevention Conference, 20-21 November 2018 **only**

- Airfare
- Accommodation
- Registration

World Indigenous Suicide Prevention Conference, 22-23 November 2018 **only**

- Airfare
- Accommodation
- Registration

National Indigenous Suicide Prevention Conference, 20-21 November 2018
and
World Indigenous Suicide Prevention Conference, 22-23 November 2018

- Airfare
- Accommodation
- Registration