

AAPM SCHOLARSHIP

APPLICATION FORM

APPLICANT DETAILS

Name			
AAPM Member Number			
Street Address			
State		Postcode	
Mobile Phone Number		Email Address	

APPLICANT INFORMATION

a) Please provide an Executive Summary of your CV (250 words max.)

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b) Please provide a summary of your employment history, starting with your most recent position (max. 4 roles)

	POSITION	START DATE	END DATE
1			
2			
3			
4			

c) Please provide details of previous study, including qualifications, year of award and institution (max. 4)

	QUALIFICATION	INSTITUTION	YEAR
1			
2			
3			
4			

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d) Please list any relevant awards or prizes (max. 4)

	AWARD/PRIZE	INSTITUTION/ASSOCIATION	YEAR
1			
2			
3			
4			

e) What are the top three challenges you experience as a Practice Manager and how do you manage these?
(200 words max.)

f) Please describe how the support staff in your practice contribute to the practitioner's role in the practice?
(200 words max.)

g) Please describe how you apply risk management and compliance to patient, practitioner, and business outcomes?
(300 words max.)

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- h)** Please describe how undertaking study will support your health care practice?
(100 words max.)

- i)** Please describe how receiving an AAPM scholarship will further benefit you as a Practice Manager, considering your current role, experience, and qualifications?
(300 words max.)

DECLARATION

I confirm by applying for the 2023 AAPM Scholarship Program that:

- ☐ I am a current financial member of AAPM.
- ☐ I am employed in a health care practice as a Practice Manager (or equivalent) or I am currently working towards this role.
- ☐ I meet the eligibility criteria of the AAPM scholarship program.
- ☐ I have read and agree to the Terms and Conditions of the scholarship program.

APPLICANT SIGNATURE

DATE

Please email your completed Application to scholarships@aapm.org.au