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**Aboriginal Health Promotion Short Course EOI**

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| --- | --- |
| **Name** |  |
| **AHPA® membership number**  **(if applicable)** |  |
| **Position OR**  **Student status (Undergraduate/Postgraduate)**  **+ Course of study** |  |
| **Organisation OR Institution/University** |  |
| **Address** |  |
| **Telephone number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Do you identify as Aboriginal and Torres Strait Islander?** |  |

# Referee details

A referee should be someone who is familiar with your work or study and can be contacted about your application.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| **Organisation OR Institution/University** |  |
| **Telephone number** |  |
| **Mobile number** |  |
| **Email address** |  |
| Comments in support of the applicant’s attendance at the Aboriginal Health Promotion Short Course |  |

I endorse the nomination of the above individual and will support the application of knowledge and skills gained from the short course in the applicant’s health promotion practice.

**Referee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Short summary explaining why you are interested in attending the short course (no more than 150 words):

2. How will you disseminate and apply lessons from the short course to improve your health promotion practice (no more than 100 words):

3. My resume of *no more than two pages* is attached Yes

#### Applicant’s Declaration: *I certify that the information on this application form is accurate and complete.*

**Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit this EOI to [scholarshipswa@healthpromotion.org.au](mailto:scholarshipswa@healthpromotion.org.au) by Friday 31 May 2019.