

ANZAN BAYER ASIA PACIFIC REGION NEUROLOGY EDUCATIONAL GRANT 2013

FOR TRAINING AND/OR CLINICAL RESEARCH IN NEUROLOGY IN AUSTRALIA OR NEW ZEALAND UNDERTAKEN BY NEUROLOGY TRAINEES FROM THE ASIA PACIFIC REGION

NOTE: COMPLETED PROPOSAL FORMS **MUST NOT** EXCEED 8 PAGES IN LENGTH (excl. certification and attachments)

GENERAL

1. Provide details of the applicant and applicant organisation (in the Asia Pacific Region)

Organisation name and address				
Applicant	Name			
	Position			
	Postal address			
	Telephone		Facsimile	
	Email			

2. Name the public sector counterpart organisation(s) in Australia or New Zealand

If more than one, identify the lead organisation

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3. Provide the name of the proposed training or clinical research project in neurology

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4. Provide the planned start and finish dates

Start	Finish
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5. Provide the anticipated total cost to the project

A\$

ACTIVITY DESCRIPTION

6. Describe the project's objective(s) (what does the project aim to achieve?) In particular, how will the objectives and outcomes improve the delivery of neurological services, especially in the rural areas, in the applicant country and health organization?

7. Describe the activities (inputs) that will be undertaken to achieve the outputs listed above.

8. Describe the project monitoring that would be undertaken and the evidence/information that would be collected to show that (a) the outputs are of a satisfactory standard and (b) the project has achieved its purpose

09. Provide the following:

1. The applicant's CV and 3 professional references
2. Background information on the applicant organization (e.g. existing neurological services and strategic direction)
3. IELTS (International English Language Testing System) or OET (Occupational English Test) certification.

Note: Written evidence of support for this proposal from: (a) the head or senior officer of the applicant organisation, and (b) the head or senior officer of the Australian or New Zealand organisation(s) must be provided with this proposal form.

CERTIFICATION

10. Acknowledge and sign certification

Project leader of the applicant organisation must sign the application form and mail the certification to
Secretariat of ANZAN
Mandy Jones
Executive Officer
Australian and New Zealand Association of Neurologists (ANZAN)
145 Macquarie Street
SYDNEY NSW 2000
AUSTRALIA

The applicant organisation acknowledges that this proposal, if approved, will not give rise to any expectation of or commitment to funding by ANZAN of any activity other than that approved as identified in this proposal.

Signature

/ /
Date

Name

Position