Stroke Society of Australasia

Aboriginal and/or Torres Strait Islander or Māori Bursary

**Application dates for 2023 Aboriginal, Torres Strait Islander and Māori Bursary**

**Open:** Monday 8 May 2023

**Close:** 5pm AEDT / 7pm NZDT, Friday 16 June 2023

Late applications will not be accepted.

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**Application guidelines**

1. Assess eligibility carefully.
2. Applications must be received as a single PDF by **5pm AEDT / 7pm NZDT Friday 16 June 2023**.
3. Handwritten applications will not be accepted.
4. The format of the application form must not be altered in any way.
5. All applications must be signed by the applicant and submitted electronically to the Stroke Society of Australasia (SSA) Secretariat ssa@theassociationspecialists.com.au
6. Applicants will receive an email confirming the receipt of their submitted application.
7. Shortlisted candidates will undergo an interview (over Zoom) with a selection panel comprising members of the SSA Committee.

For application enquiries, contact the SSA Secretariat ssa@theassociationspecialists.com.au

**Eligibility:**

1. Individuals who identify as Aboriginal and/or Torres Strait Islander or Māori
2. Clinicians or academics, inclusive of:
	1. Medical practitioners
	2. Nurses
	3. Allied health staff
	4. Indigenous health and community workers
	5. Tertiary students in the above fields

**Section A – Personal Details**

|  |  |
| --- | --- |
| Full Name (including title): |  |
| Preferred Contact Number: |  |
| Preferred Email: |  |
| Preferred Mailing Address: |  |
| I identify as: | [ ]  Aboriginal[ ]  Torres Strait Islander[ ]  Māori |

**PROOF OF HERITAGE**

If your application is successful, you are required to provide the SSA with a Confirmation of Identity document.

Select a proof of heritage option relevant to you:

**Aboriginal and Torres Strait Islander**

A letter from an Indigenous education institution, faculty, school, department or government body or a non-government institution stating that you’ve been recognised as an Aboriginal person and/or Torres Strait Islander.

[ ]  Proof of your specialty area having previously recognised your Aboriginal and/or Torres Strait Islander heritage.

[ ]  A letter of recognition from an Indigenous Community Group or Tribal Elder.

[ ]  A letter stamped with the common seal and signed by:

* the Chairperson of an Aboriginal and/or Torres Strait Islander Land Council in the area where you currently live or have previously lived; or
* a delegate of an incorporated Aboriginal and/or Torres Strait Islander organisation where the majority of the governing body are Aboriginal persons and/or Torres Strait Islanders.

[ ]  Other — specify the type of proof you are providing of your Aboriginal and/or Torres Strait Islander heritage, which is not a listed option:

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**Māori**

[ ]  A letter from a Māori education institution, faculty, school, department or government body or a non-government institution stating that you’ve been recognised as Māori.

[ ]  Proof of your specialty area having previously recognised your Māori heritage.

[ ]  A letter of recognition from an Indigenous Community Group, Tribal Elder or from the Tribal (hapu/iwi) register.

☐ Other — specify the type of proof you are providing of your Māori heritage, which is not a listed option.

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**Section B – Statement of Opportunity**

This Bursary is intended to provide (1) financial support to attend the SSA Annual Scientific Meeting (ASM), (2) mentorship opportunities during but not limited to the SSA ASM, and (3) one year of free SSA membership.

Provide a statement as to the benefits you consider the Bursary would provide you in terms of:

1. Current and future commitment to your communities
2. Access to mentorship tailored to your career pathway
3. Relevance to your current stage of training and/or medical career

*(Maximum 250 words)*

**Section C – Academic Qualifications**

Starting with the most recent, list all university qualifications and/or post higher degrees, including the year of the award and institution.

*(Maximum 250 words)*

Please list any noteworthy academic achievements in your career, including awards.

*(Maximum 100 words)*

**Section D – Employment History**

Starting with the most recent, list your appointments since graduation, including the institution or company, the position held and the date.

*(Maximum 200 words)*

**Section E – Certification**

I certify that the information supplied in this application is true and correct. I understand that the Stroke Society of Australasia may wish to verify this information with any institution or individual. I consent to such inquiries being made as part of the selection process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_