



# The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand. Telephone (09) 307-4949 extn. 24323. Email [info@sct.org.nz](mailto:info@sct.org.nz)

## **SCT CSANZ FELLOWSHIP (AU MEETING)**

SCT provides funding for conference registration up to a maximum of \$2000. Funding is available for the Cardiac Society of Australia and New Zealand Annual Scientific Meeting.

You must include estimates of the cost involved in attending the meeting.

You must be an Ordinary or Affiliate current financial member of SCT currently employed - this does not include those in training.

Applications must be received by **beginning of April**.

Applications will be discussed at the April SCT Council meeting. Applicants will be advised within 2 weeks of the outcome of their application.

If accepted, you will be required to send a copy of your conference registration form and original receipts for reimbursement to a maximum of \$2000.

By accepting this funding you agree to submit a written conference report to the SCT Council within 1 month of attendance. This report may be used in the SCT newsletter.



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## SCT CSANZ FELLOWSHIP (AU MEETING)

1. Full name: \_\_\_\_\_
2. Position: \_\_\_\_\_  
(Must be fully qualified and employed)
3. Work address \_\_\_\_\_  
\_\_\_\_\_
4. phone number \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Please provide your years of relevant work experience:
7. Are you presenting at the main CSANZ meeting?  
YES / NO

If so, please attach details of the presentation title and session time.

8. Are you chairing a session? YES / NO
9. Are you on the organising committee? YES / NO
10. Please list the previous meetings you have attended in the past 5 years (national and international).
11. What do you wish to gain from this course/conference
12. Have you previously received an SCT CSANZ fellowship?  
YES / NO Date:
13. Has leave been approved by your manager in order to attend this course/conference?  
YES / NO Manager: Date:
14. Do you have Continuing Medical Education (CME) funding in your work contract?  
YES / NO

If your application is accepted you will be required to send a copy of your registration form and original receipts for reimbursement.

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

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