



## The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand  
Website: [www.sct.org.nz](http://www.sct.org.nz) Telephone: +64 9 3074949 extn. 24323 Email: [edsec@sct.org.nz](mailto:edsec@sct.org.nz)

### SCT CSANZ FELLOWSHIP (NZ MEETING)

The Society of Cardiopulmonary Technology (NZ) Inc. invites current financial Ordinary and Affiliate members of the Society who are currently employed to apply for a Fellowship to attend the New Zealand meeting of CSANZ.

An ordinary or affiliate does not include those in training.

The SCT provides funding for conference registration and associated costs up to a maximum of \$1,000. Your application must include estimates of your costs involved in attending the meeting.

Please return applications to the SCT Secretary at [info@sct.org.nz](mailto:info@sct.org.nz) by **beginning of March**. Applications will be discussed at the March SCT Council meeting. Applicants will be advised within two 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 \$1,000.

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



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### SCT CSANZ FELLOWSHIP (NZ 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 or at the SCT Symposium?

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: \_\_\_\_\_