



the delphi CENTRE The Cannan Institute BELMONT PRIVATE HOSPITAL

Dr Colin Ross, MD

Trauma Model Therapy

CONTINUING EDUCATION SCHOLARSHIP PROGRAM APPLICATION FORM

<p><u>You MUST Use This Form to complete all details</u></p> <p>and mail or fax to:</p>	<p>Convenors - Continuing Education Scholarship Program The Delphi Centre - Professional Development Training PO Box 518 Carlton North 3054, Victoria, Australia.</p>
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• Name: _____

• Address: _____

_____ Post code: _____

• Telephone: _(_____)_____ • Email: _____

• Occupation _____

• Photocopy of your qualifications OR student identification: *(Please enclose)*:

• Employer's name: _____

■ employer's address: _____

■ telephone: _____ - email: _____

OR (if student) name of tertiary education facility: _____

■ address: _____

■ telephone: _____ - email: _____

• Select the city / cities in which you are able to attend should you be successful in obtaining a scholarship:
(If more than one, underline your 1st preference) Melbourne Sydney Brisbane

(Continued overleaf/-)

