



# QUOTA South Pacific Area Scholarships for Work in the Fields of Speech and Hearing

The Secretary  
Q.S.P.A. Scholarship  
Box 337  
Richmond, Victoria 3121, Australia  
Email: [scholarships@quotaspas.org.au](mailto:scholarships@quotaspas.org.au)

**Celebrating 36 Years of QUOTA Scholarships 1981–2018**

## Application Form

Please read the Information Sheet (attached) for the QSPA Scholarship requirements carefully, submit ALL documentation requested, and Applications are only accepted between 1<sup>st</sup> October to 30<sup>th</sup> December 2018.

### Personal Details

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Name & Address of Present Employer:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Positions Held:

\_\_\_\_\_

\_\_\_\_\_

### Educational Qualifications

Secondary School Standard Reached: \_\_\_\_\_

Certificates/ Diplomas/ Degree Issuing Institution:

\_\_\_\_\_

\_\_\_\_\_



**Proposed Study Program**

(Please attach Complete Details including an estimated budget, Course Fees, Registration, Accommodation, Air Fares and charges- candidates are advised to consult a recognised travel agent for advice, and submit an official Itinerary).

**Brief Summary:**

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**Allowances**

Will you receive any income during the period of study other than that provided by the Scholarship?

**Yes**

**No**

If Yes,

Indicate source and duration of income, e.g. leave with pay

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**Outcome of Study Project**

Please state how the knowledge and experience gained as a result of your proposed study program will be used on your return home.

Brief Summary: (Please attach details)

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## References

Please ensure these References are marked **CONFIDENTIAL handed** to the appropriate referees and include the originals with your Application.

- A. A Community leader for a Character Reference.
- B. Professional engaged in the field of work in which you are currently engaged.
- C. A person who could support your actual proposed area of study.

**Applicants are requested to enclose a recent medical certificate, a portrait photo and proof of citizenship (copy of a valid passport if required).**

**A full Report is to be submitted within 1 month at the conclusion of the Scholarship.**

## PRIVACY

We will keep all details provided secure and will only use your information for the purposes you've provided it for. No private details will be released to the Selection committee.

## In making this application:

1. I certify that the information is true and accurate and complies with the eligibility criteria. My personal information will be used for the management of the Application purposes only.
2. I have read and understand the Terms and Conditions of the Quota South Pacific Area Speech & Hearing Scholarship.
3. The Terms and Conditions are subject to change at Quota's discretion.
4. I consent to QSPA Scholarship Trustees contacting my Referees.
5. I consent to my Final Report information provided at the conclusion of my travels being made available for publishing in Quota's Magazines and on the official Quota websites.

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

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

***The decision of the committee shall be final; no correspondence shall be entered into.***

Please indicate where you found out about this scholarship:

- Internet
- Professional Publication
- QUOTA Newsletter
- Other (Please specify) \_\_\_\_\_





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## Reference B

This reference should be emailed directly to the Applicant to be included with their Application

Name of Applicant: \_\_\_\_\_

### Referee Details

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

Address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Reference

*A Professional in the field of work in which you are currently engaged.*

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## Reference C

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Name of Applicant: \_\_\_\_\_

### Referee Details

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

Address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Reference

*A person engaged in your actual proposed area of study.*

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