

# GREEK /AUSTRALIAN INTERNATIONAL LEGAL & MEDICAL CONFERENCE: THE DONTAS FAMILY TRAVELLING FELLOWSHIPS

## ELIGIBILITY CRITERIA:

- Applicants should be under 40 years of age
- Paper shall be an original and unpublished work relevant to the fields of Law &/or Medicine
- Applicants shall have a degree in Law &/or Medicine and be enrolled in postgraduate study

I wish to apply for a Dontas Family Travelling Fellowship to attend the 12<sup>th</sup> Greek /Australian International Legal & Medical Conference on Samos, 31<sup>st</sup> May- 6<sup>th</sup> June 2009.

Closing Date for Applications: **Friday, 18<sup>th</sup> July 2008**

## 1 APPLICANT NAME

Mr /Mrs/ Ms/ Miss/ Dr/Other.....  
(Please Circle)                      Family name                      First name                      Middle Initial

**2 ADDRESS**      Number and street name.....  
City, town and state      .....Post code.....

**3 DATE OF BIRTH**      .....Day.....Month      ..... Year

## 4 CONTACT NUMBERS

Telephone      (bh).....      (ah).....  
Facsimile      ..... e-mail.....

## 5 UNIVERSITY POSTGRADUATE ENROLMENT

I am currently enrolled in postgraduate study as follows:      Attached

.....  
Department                      University                     

A transcript of my Academic Record is included in the attachments

## 6 ACADEMIC PAPER PROPOSAL

Attached is a summary of 1500 words outlining my proposed topic for my paper related to my research and its relevance to the considerations of the 12th Greek /Australian International Legal & Medical Conference.     

## 7 RESEARCH START DATE

I plan to start/ (have already started) my research in      Month      Year

## 8. CURRICULUM VITAE

Attached is a copy of my curriculum vitae including the names of 3 referees and their contact details.     

## 9 DECLARATION

- I declare that the information supplied by me on this form is complete and correct.
- I authorise the personnel of the Greek /Australian International Legal & Medical Conference to obtain details of my enrolment, academic record, examination results and bond status from any relevant authority in connection with this application. This may include details of my enrolment variations, attendance and addresses and details of any benefits payable to me under any other scholarships or awards.
- I agree to abide by the requirements of the Greek /Australian International Legal & Medical Conference in relation to the travelling fellowship.

**10 APPLICANT'S SIGNATURE**..... Date.....

Applications are to be returned to: **Greek/ Australian International Legal & Medical Conference**  
**THE DONTAS FAMILY TRAVELLING FELLOWSHIPS**  
**C/O Jenny Crofts Consulting, 41 Davison St.**  
**Richmond VIC 3121**  
**Telephone: (03) 9429-2140      Fax: (03) 9421-1682**  
**E-mail: jennycrofts@ozemail.com.au**