

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

Applications are invited from candidates meeting the following eligibility criteria

1. who are admitted, or entitled to be admitted, to legal practice in Australia; or who are registered, or entitled to be registered, as a medical practitioner in Australia;
2. who are undertaking a post-graduate degree or diploma, or a research project, in law or medicine at the time of the application, or completed such an undertaking not more than two years prior to the application;
3. who will be under the age of 40 years when the conference opens on 31 May 2015

For a paper that shall be an original and unpublished work relevant to the fields of Law &/or Medicine

I wish to apply for a Dontas Family Travelling Fellowship to attend the 15th Greek /Australian International Legal & Medical Conference Thessaloniki Greece 31 May –6 June 2015.

Closing Date for Applications: Friday 11th July 2014

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 stateStatePost code.....

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

4 CONTACT NUMBERS: Telephone (BH).....(AH)..... (MOBILE).....
Facsimile e-mail.....

5 UNIVERSITY POSTGRADUATE ENROLMENT: I am currently enrolled in postgraduate study as follows:

.....
Department University
 A transcript of my Academic Record is included in the attachments

6 FELLOWSHIP APPLICATION: The Professor Anastasios Dontas Fellowship (Medical)
The Professor John Harber Phillips Fellowship (Legal)

7 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 15th Greek /Australian International Legal & Medical Conference.

8 RESEARCH START DATE : I plan to start/ (have already started) my research in Month.....Year

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

10 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.

APPLICANT'S SIGNATURE..... Date.....

Applications are to be returned to: **Greek/ Australian International Legal & Medical Conference**
THE DONTAS FAMILY TRAVELLING FELLOWSHIPS
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