



ABN: 69 089 885 441

**APPLICATION FOR CONFERENCE SUPPORT
(SERVICE AWARD)
NURSING & ALLIED HEALTH**

I would like to apply for support to attend the SSA Annual Scientific Meeting

Name in block letters: _____

Of: _____

Tel: _____ Fax: _____
(address in full)

Email: _____

I certify that I:

- am a nurse or allied health professional
- have never previously received support from the SSA to attend the SSA Annual Scientific Meeting
- am a SSA Member for 2015

Details of Referee:

Name in block letters: _____

Of: _____

Tel: _____ Fax: _____
(address in full)

Email: _____

- Please find attached a letter from my university/employer confirming my professional status (alternatively please support a copy of your academic transcript)
- Please find attached a letter from my referee (no more than 200 words)
- Please find attached a description of the contribution I have made to Stroke (in 12 point Arial font or similar and no more than one page in length)

Signed: _____ Date: _____

**Please note that only one abstract by each applicant can be nominated for this award.
Please return your completed form to the address below by COB 1st May 2015.**

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