**NACCHO Aboriginal and Torres Strait Islander Pharmacy Leadership Grant Application Form**

Complete applications with CV/resume with 2 referees and a letter of support (if available)
to be emailed to Harrison.milne@naccho.org.au by **COB Wednesday 12 June 2024**.

Please confirm your eligibility before completing the form**:**

[ ]  I am Aboriginal and Torres Strait Islander, and

[ ]  I am an Ahpra registered pharmacist or pharmacy student

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| --- |
| **Personal details** |
| Surname |  |
| First Name |  |
| Address |  |
| Telephone/Mobile |  |
| Email address |  |
| **Employment details or university details**  |
|  |
| **Why should we choose you?** Please provide in 250 words or less how this grant will assist you to develop your career in pharmacy |
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| **Declaration** |
| [ ]  | In submitting this information, I declare that to the best of my knowledge and belief, the information I supplied in this application is correct and complete. I understand if I provide incorrect or incomplete information this may result in the cancellation of any offer made by NACCHO.I understand that if NACCHO becomes aware of or has reason to believe that I have provided false and misleading information in my application, my eligibility will be reassessed.I recognise it is my responsibility to provide all necessary documentation. |
| **Date** |  |