

Peter Snow Memorial Award

Celebrating Achievement in Rural Health Research, Projects, Innovation and Service

APPLICATION FOR AN INNOVATION OR SERVICE

Applications close 5pm, February 26, 2010

Name	Title
Address	Telephone day
.....	Telephone evening
Email	

Title of innovation or service

Other contributors to innovation or service

Status of paper (please circle one)

Published paper	No	Yes (please state name of journal)
Paper submitted for publication	No	Yes (please state name of journal)
Unpublished paper	No	Yes

Circumstances of Innovation or Service Activity (please circle one)

Independent activity	Sponsored activity (please state sponsor)	Activity undertaken as an undergraduate or postgraduate trainee	Other (please state)
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Declaration

I declare that I have (or that the subject of this application has) New Zealand citizenship/permanent residence

I declare that I am (please delete that which does not apply):
a registered doctor/nurse (please circle) **Current / Retired**
OR enrolled in an undergraduate or postgraduate medical or nursing education programme

I declare that the paper/report submitted is of an activity carried out by me (or the applicant; and if applicable state the name of other participants) and has been completed within the last two years.

Signature

Date

Referees (two required)

Referee 1

Name	Title
Address	Telephone day
.....	Telephone evening
Email	

Signature Date

Referee 2

Name	Title
Address	Telephone day
.....	Telephone evening
Email	

Signature of applicant..... Date

Applications must be received by **5pm, February 26, 2010**. Please send your application to:

Administrator
Peter Snow Memorial Award
New Zealand Rural General Practice Network
PO Box 547
Wellington