

**APPLICATION FORM FOR OTAGO COMMUNITY TRUST  
SPONSORSHIP TO THE 2019 NATIONAL RURAL HEALTH  
CONFERENCE**

**APPLICANTS MUST BE CURRENTLY EMPLOYED AS A NURSE, MIDWIFE, ALLIED HEALTH PROFESSIONAL, PRACTICE MANAGER OR A SENIOR ADMINISTRATOR IN EITHER A RURAL HOSPITAL, A RURAL GENERAL PRACTICE OR A PRIMARY MATERNITY UNIT WITHIN THE OTAGO REGION**

**PROFESSIONAL CATEGORY:**

- Rural Nurse
  Rural Allied Health Professional  
 Rural Midwife
  Practice Manager  
 Senior Administrator
  Other..... (explain position)

**INDIVIDUAL INFORMATION**

Title:	
First name:	
Last name:	
Contact phone:	
Mobile:	
Email address:	
Postal address:	
Physical address:	
Employer Type	Rural Hospital / Rural GP Practice / Primary Maternity Unit
Occupation:	
Employer:	
Postal address (if different from above)	
Contact phone (if different from above)	
Email address (if different from above)	

*In making this application I confirm my understanding that the Otago Community Trust will sponsor the registration fee, flights and accommodation up to the value of \$1,000 (GST inc) and reimbursement will be made after providing receipts of payment. I agree for my above personal details to be shared with the Otago Community Trust, Conference Innovators and NZRGPN in order for my application to be reviewed and processed.*

**Condition of funding:** *You will be required to provide a written report back to the NZRHN and the Otago Community Trust within one month of the conclusion of the conference. Reimbursements will not be made until the report is received.*

