

# 2014 Fellows Program

proudly sponsored by

Aged Care Plus



## Application Form

*This form must be completed in order for the applicant to be considered.*

Send completed form to The Fellows Committee  
The Salvation Army Aged Care Plus  
PO Box 1452, Macquarie Centre, North Ryde NSW 2113  
or [marketing.acp@aue.salvationarmy.org](mailto:marketing.acp@aue.salvationarmy.org)

### 1 Identification:

1.1 Name:

.....

1.2 Position:

.....

1.3 Centre/Department:

.....

1.4 Centre/Department address:

.....

1.5 The Salvation Army employee or Officer (over one years service)

New Salvation Army employee or Officer (under one years service)

The Salvation Army volunteer

1.6 Applicant is a resident or citizen of Australia

### 2 Educational standing:

2.1 Educational qualifications:

.....

.....

2.2 List any currently approved course that has not yet been completed:

.....

### 3 Course/Conference/Program requested:

3.1 Title: .....

- 3.2 Educational institution (if applicable): .....
- 3.3 Date/s: .....
- 3.4 Is this course offered by Booth College?  Yes  No
- 3.5 Have you applied for the Fellows Program in the past?  Yes  No  
 If yes, indicate the year: 20 .....
- Was your application successful?  Yes  No

**4 Course costs (please use current prices):**

- 4.1 Registration \$ .....
- 4.2 Exam fees \$ ..... per subject X no of subjects =.....
- 4.3 Course/tuition fees \$ ..... per subj/crdt pt X no of subj/crdt pts =.....
- 4.4 Professional supervision (where applicable) \$ .....
- 4.5 Union fees \$ .....
- 4.6 Other \$ .....
- TOTAL COURSE COST** \$ .....

**5 Associated costs**

- 5.1 Travel \$ .....
- 5.2 Accommodation \$ .....
- 5.3 Meals \$ .....
- 5.4 Other \$ ..... Details: .....
- TOTAL COST** \$ .....

If the total cost exceeds \$5,000 please outline how the remaining costs will be funded.

.....

**6 Signature of applicant:**

I agree to the terms and conditions of the Fellows Program:

..... Date: ...../...../.....  
 (Signature of applicant)

**7 Supported by:**

Successful applicants are awarded their Fellows Scholarship by the Commissioner at the Fellows Award Ceremony. All successful applicants are encouraged to attend. As such, by supporting this application you are agreeing to cover the costs for them to attend the Award ceremony. Please note that costs for Volunteers who are awarded will be covered by the Fellows Committee.

.....  
 (Print name)

..... Date: ...../...../.....  
 (Signature of Manager/Head of Department)