

## Application Form: Freda Rose Wigan Memorial Bursary

<b>Title</b>	
<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Date of birth</b>	
<b>Email</b>	
<b>Postal address</b>	
<b>Suburb</b>	
<b>State</b>	
<b>Postcode</b>	
<b>Country</b>	
<b>Phone number</b>	
<b>Mobile number</b>	
<b>Occupation</b>	
<b>Tertiary qualifications awarded</b> <small>(Please list in order of award and include date of award)</small>	
<b>Professional qualifications received</b> <small>(Please list in order of receipt and include date of receipt/admission)</small>	
<b>Current employer</b>	
<b>Current professional position/designation</b>	
<b>Practice address</b>	
<b>Article Title</b>	
<b>Word Count</b>	

I declare that that:

1. I have read and understood the Freda Rose Wigan Memorial Bursary Guidelines dated 11 June 2024;
2. I meet the eligibility criteria to apply for the Freda Rose Wigan Memorial Bursary; and
3. The article submitted for assessment and consideration is my own original work.

**Signature:**

**Date:**

**Submissions Close: 4pm (Qld Time) 20 July 2024**  
**By email: [bursarysubmissions@qacp.org.au](mailto:bursarysubmissions@qacp.org.au)**