Neil Stocker Memorial Award application form

Applicant’s contact details

First name Last name

Street Address Town/City

Suburb

Country

Telephone Cell phone

Email:

*Please note that if your application is unsuccessful you may be contacted by email.*

Permanent residential address (if different from above):

Street address

Suburb Town/City

Country

**List qualifications, awards or scholarships received**

Applicants for the Scholarship must ensure that the following documents are also received:

* + A personal statement (1 – 2 pages) that outlines your future plans. This statement should include your career goals and how this Award would help you achieve these goals.
  + A full CV
  + Two confidential references (one professional and one personal) that should be sent by the referees separately and directly to NZOPT Secretary. The names and contact details of these referees should be included with this application.

Advice to Applicants

No undertaking is given to accept late applications where applications have been invited by a specified date.

Please do not send original documents. Send copies which have been certified.

Disclosure of Information

I consent to:

1. the disclosure of the personal information given on this form to council members of the New Zealand Organ Preservation Trust ,including the selection panel, for purposes related to my application for a scholarship .
2. the New Zealand Organ Preservation Trust obtaining any information about me held in any institution which I have attended, relating to my application for a scholarship.
3. the publication of my name and details of any scholarship which I may be awarded, together with any personal information which I may have provided for the purpose of this application.
4. the disclosure of relevant information to sponsors of such scholarships.

The New Zealand Organ Preservation Trust undertakes to store your application in a secure place in the event that you are successful in gaining a scholarship or are selected as a reserve candidate for a scholarship, and to destroy your application to preserve its confidentiality in the event that you are unsuccessful in gaining scholarship.

Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of, that information.

I, ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the above conditions in respect of my scholarship applications administered through the New Zealand Organ Preservation Trust. I have read and agree to the criteria for awarding this scholarship and confirm that the information I have provided is correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed application form to:

Secretary,

New Zealand Organ Preservation Trust Inc. Email: [info@nzopt.org.nz](mailto:info@nzopt.org.nz)

Or c/ Roy Tankersley, 51 Roy Street, Palmerston North 4410