**AIRRM Hanna Medical Bursary**

# Introduction

Funds for this bursary have been donated by Agnes-Mary Hanna (Clinical Psychologist) and her family to provide financial assistance to medical practitioners to attend training courses that will credential or equip them to actively provide restorative reproductive medical services in their clinical practice.

# Eligibility Criteria

* 1. Medical practitioner registered with AHPRA or MCNZ.
	2. Member (not Associate) of the Australasian Institute for Restorative Reproductive Medicine.
	3. Has not been a recipient of the Bursary in the current calendar year or for current course.

# Eligible training

* 1. Creighton Model FertilityCare System/NaProTechnology for Medical Consultant training.
	2. FEMM Medical Management leading to fellowship of the Reproductive Health Research Institute (RHRI).

# Application and notification

* 1. Applications should be made on the prescribed form available from info@airrm.org.au or on the AIRRM website (www.airrm.org.au) – Education and Events.
	2. Applications should include official documentation of course/program dates and costs.
	3. Applicants will be responded to within 4 weeks from the date their application is received.

# Funding amount and award

* 1. The bursary amount for FEMM in 2020 will be AUD$500.
	2. Regarding bursary for NaPro (face-to-face) training:
		1. Maximum bursary amount for NaPro: AUD$3,000
		2. Rural loading for Australian applicants practising outside metropolitan areas
		(ASGS Remoteness areas 2016): AUD$500
		3. New Zealand applicant loading (for courses outside New Zealand): AUD$500
		4. Omaha loading: AUD$500
	3. Applications will be considered on their merits and allocation of the Bursary will be at the discretion of AIRRM.
		1. Not all applications will be offered a bursary or awarded the maximum amount.
	4. Unsuccessful applicants who wish to appeal the outcome of their application should explain their situation in an email submission to info@airrm.org.au and will be entitled to a reply from the Board of Directors. This decision will be final.

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***Application form***

 Date:

 Surname: First name:

 Address:

 Mobile: Phone (other):

 Email:

 AHPRA/MCNZ registration:

 Clinical practice/specialty:

 Qualifications:

 Course/program:

 Date(s):

 Location:

 Fee: $ Funding sought: $

Question 1. What is your motivation for undertaking this course/program?

Question 2. What will be the benefits from completing this course/program?

Question 3. How do you intend to apply outcomes of this course/program in your clinical practice?

Additional comments: