Walawaani Scholarship Form (Part B)

Please refer to Walawaani Conference Scholarship Form (Part A) for information about the scholarship and the terms and conditions.

Name:	
Do you identify as Aboriginal, Torres Strait Islander or both?	
Which Aboriginal and/or Torres Strait Islander community, Nation, Island or cultural group do you identify with?	
How are you recognised or accepted as an Aboriginal and/or Torres Strait Islander person by the community in which you live or have lived?	
State or Territory:	
Organisation:	
Workplace role:	
Why would you like to attend the Walawaani Conference?	
How do you think attending the conference will support your work	

with Aboriginal and Torres Strait Islander people at end-of-life?	
How will you share what you learn with your team, service, or community?	
What does this opportunity mean to you?	
Do you agree with the terms and conditions of the scholarship agreement from Part A of the Walawaani Scholarship Form?	
As part of this scholarship, do you require funding towards travel?	
As part of this scholarship, do you require accommodation? Or are you staying at a family or friend's place?	
What do you estimate the cost for travel will be? Please list costs for flights or mileage.	

Applicant Signature

By submitting this application, I confirm that the information provided is true and correct, and I agree to the Walawaani Conference Scholarship Terms and Conditions from the Walawaani Scholarship Form (Part A), including consent for CPCRE to use my name, photograph, testimonial, and feedback for reporting and promotional purposes.

_____ _____

Name **Signature**

_____

Date

Manager Approval

Manager Name	
Manager Email	
Manager Phone	

Do you agree to support the person listed on this application to attend this conference?	Yes / No (please circle answer)
Do you agree that your workplace will pay for the cost of travel to attend this conference acknowledging that CPCRE will reimburse the agreed amount after the scholarship recipient has attended the conference? **Please note that all scholarship recipients must check in with the CPCRE staff advising that they have arrived.**	Yes / No (please circle answer)
Have you read the terms and conditions of this application from the Walawaani Scholarship Form (Part A)? Particularly noting points 14 to 16 regarding reimbursement?	Yes / No (please circle answer)

Manager Signature

By approving this application, I confirm that the information provided is true and correct.

_____ _____

Name **Signature**

_____

Date