# Applications close: 8th November, 2019

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | **D.O.B/****Age:** |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | Street Address | **Apartment/Unit #** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email** |  |

|  |  |
| --- | --- |
| **U21 University:** |  |

|  |  |
| --- | --- |
| **Course currently enrolled / Year of Study** |  |

## Previous Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| ***List highest qualification first:*** | | | |
| **1. University / Other:** |  | **Course Name:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From:** |  | **To:** |  | **Did you graduate?** | **YES** | **NO** | **If ‘no’ – please explain:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. University / Other:** |  | **Course Name:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From:** |  | **To:** |  | **Did you graduate?** | **YES** | **NO** | **If ‘no’ – please explain:** |  |

## Areas of Interest

***1.* Describe why you want to be a part of the Global Learning Partnership? (max 300 words)**

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| --- |
|  |

**2. Please describe your previous experience and involvement in community projects (Max 300 words)**

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|  |

**3. Please describe how you would like to disseminate the knowledge and skills gained from your time in Nepal. How do you propose to engage students from your home institution in the ongoing partnership with Kathmandu University and in the Global Learning Partnership (Max 400 words)**

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|  |

## Proposed Supervisor

# *Representative from your university who provides support/ facilitates clinical field experience e.g. Clinical Placement Co-Ordinator.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | Given names: |  | Last name: |  |
| **Position:**  ***E.g. Head of school/department*** |  | | | | |
| **Email:** |  | | | | |
| **Phone:** |  | | | | |

## Academic Reference

***Applicants are asked to provide 1 referee in support of their application. The referee(s) should be from the applicant’s university/department and have some knowledge of the program applicant is studying.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | Given names: |  | Last name: |  |
| **Position:**  ***E.g. Head of school/ department*** |  | | | | |
| **Email:** |  | | | | |
| **Phone:** |  | | | | |

**Please submit your application to:**

Carolyn Cracknell – Project Officer (U21- Global Learning Partnerships)

[Carolyn.Cracknell@unimelb.edu.au](mailto:Carolyn.Cracknell@unimelb.edu.au)

**PLEASE NOTE: Participants are also encouraged to consider their funding options and timely preparation if application for financial support from their university is required**