

NSW OPTICAL DISPENSERS LICENSING BOARD
DIPLOMA IN OPHTHALMIC PRACTICE MANAGEMENT
SCHOLARSHIP APPLICATION FORM

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individual(s).

1. **SURNAME**
- OTHER NAMES**
- MAILING ADDRESS**
- CONTACT TELEPHONE NUMBER(S)**(Home)..... (Work)
- EMAIL ADDRESS**.....
- ARE YOU SELF EMPLOYED? Y / N** If so, state your Trading Name
-
- ARE YOU AN EMPLOYEE? Y / N** If so, state your employer's name.....
-
- PRESENT POSITION**

2. **LICENCE NUMBER**.....

HAVE YOU RECEIVED AN OPTICAL DISPENSERS LICENSING BOARD SCHOLARSHIP BEFORE? Y / N If so, state Year.....

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIP IN REGARD TO THIS ACTIVITY?

* Tick as appropriate

Yes *

No *

If Yes, give details.....

PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS

3. THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED WITH THE APPLICATION

The application *will not be considered* if the required documents are not provided.

Document	Page No(s)
(a) Resume showing professional and academic qualifications and experience.	
(b) Copy of Certificate IV in Optical Dispensing	
(c) Copy of Certificate IV Academic Transcript	
(d) Copies of results of any other courses studied	
(e) A statement of your objectives for undertaking this course of study.	
(f) Copy of any other documentation in support of your application	

- The original and three (3) copies of the application (i.e. of the form and all documents are to be provided.

4. I AM FULLY AWARE OF THE TERMS OF THE SCHOLARSHIP AND HEREBY UNDERTAKE IF SUCCESSFUL:

- (a) To abide by the conditions of the Scholarship; and
- (b) To supply to the Board with a copy of my course results within one (1) month of completing the course of study.

- The Diploma will be issued only upon receipt of results indicating successful completion of the course.

Signature.....

Witnessed by a Justice of the Peace.....

Date.....

PLEASE RETURN TO:

THE REGISTRAR/SECRETARY
NSW OPTICAL DISPENSERS LICENSING BOARD
PO BOX K599
HAYMARKET NSW 1238

OR DELIVER BY HAND TO:

NSW OPTICAL DISPENSERS LICENSING BOARD
LEVEL 6
477 PITT STREET
SYDNEY NSW 2000

PLEASE NOTE THAT APPLICATIONS WILL BE CONSIDERED BY THE BOARD ONCE EACH YEAR AND MUST BE RECEIVED IN THE BOARD'S OFFICE BY THE RELEVANT CLOSING DATE.

THE CLOSING DATE IS 31 MARCH EACH YEAR. THE BOARD WILL AWARD NO MORE THAN 12 SCHOLARSHIPS EACH YEAR. UNSUCCESSFUL APPLICANTS MAY REAPPLY.

OFFICE USE

PREVIOUS SCHOLARSHIP

DATE OF RECEIPT

CURRENT LICENCE

Conditions Met

Yes*

No*