



OT AUSTRALIA-NSW

Australian Association of Occupational Therapists

ISABEL MILLNER SPONSORSHIP APPLICATION FORM CATEGORY A: INDIVIDUALS

Name _____

Address _____

Postcode _____

Work Place _____

Name of Event _____

Date of Event _____

Describe how this event will assist your professional development _____

Describe how you will share the knowledge acquired from attending this event:

Name and title of supporting manager: _____

Signature of manager: _____ Date _____

Are you receiving financial support from any other source to attend this course? Yes / No

If yes please detail the amount and source _____

How much sponsorship are you seeking and for what purpose (registration, travel etc) _____

I agree that the Council's decision is final.

Signed _____

Date _____

**Return completed form at least eight week prior to date of event to
OT AUSTRALIA NSW Unit 20, 8 Avenue of Americas Newington NSW 2127
Fax: 9737 0023**