



## **Lyn Slatter Memorial Scholarship Application Form 2021**

**Closing Date: 4<sup>th</sup> July 2021**

**This scholarship is for members who have applied to do the IBLCE Examination for the first time in 2021.**

**Eligibility Criteria include: LCANZ membership, sitting exam for first time, have already applied to sit exam, have not received funding from LCANZ in last 3 years, resident of Australia or New Zealand**

**Please complete the following application information (email or post to the Scholarships Committee at the LCANZ secretariat as per above addresses)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Best telephone number: \_\_\_\_\_ home, mobile, work (Please circle one)

Email: \_\_\_\_\_ (please print clearly)

LCANZ Membership - Date Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever received a LCANZ scholarship? Yes / No When \_\_\_\_\_ Why \_\_\_\_\_

**Please answer the following questions:**

1. When do you expect to sit the IBLCE exam? \_\_\_\_\_ (must be in 2021). Please provide evidence of application, e.g. attach receipt with application



2. Please write your concise responses to the following below each point

- a. Reasons for applying for this scholarship
- b. Current role or position
- c. Professional and academic qualifications
- d. Current activity in the field of lactation, health, breastfeeding counselling, education
- e. Recent education related to lactation
- f. Discuss your previous involvement in breastfeeding support, counselling or education
- g. How this scholarship will benefit you, your profession, and your practice
- h. Please describe your involvement, if any, with LCANZ
- i. The names and contact details of two referees who will support your application



3. If successful, you will be expected to provide evidence of having sat the IBLCE exam within 6 months of receiving the scholarship. If you do not sit the exam in the year the scholarship is awarded, you will need to return the money, but may apply again. Your name may be published in the LCANZ newsletter. A brief story/ member profile to be published in the newsletter would be appreciated but is not mandatory.

**Please sign the following statements:**

By completing and submitting this form I am giving permission for the LCANZ Scholarship Committee to make further enquiries and/or request my attendance in a telephone / Skype interview in relation to this application.

I declare that the information provided is true and correct.

I agree to the terms outlined in this application form and the Lyn Slatter Memorial Scholarship Fund Information document.

Signed.....  
Date.....

- I do not want my name publicised.

All applicants will be notified of the results of the Scholarship within one month of the closing date.

Any enquiries are to be directed to the Scholarships Committee via the LCANZ secretariat: [info@lcanz.org](mailto:info@lcanz.org)

**Office Use**

Approved / Declined

Date: \_\_\_/\_\_\_/\_\_\_ Signed: \_\_\_\_\_

Notification to Applicant: \_\_\_/\_\_\_/\_\_\_ via \_\_\_\_\_

Date of sitting exam: \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_