



Professional Development Scholarship

Introduction

The Professional Development Scholarship was established by the College of Lactation Consultants WA Inc (CLCWA) in 2006, using funds raised by the educational activities of the college. Its aim is to provide financial assistance for members of the CLCWA to:

- pursue an interstate, or international course/conference
- assist members to obtain access to professional development activities that enhance their knowledge of breastfeeding

Value

\$500.00 per annum

Selection Criteria

- Applicant must be a Full or Associate Member of the CLCWA Inc.
- Applicant must be a current financial member for a minimum of twenty four (24) months.
- Applicant should be an Australian resident and one that currently resides in Western Australia.
- Applicants should state at the time of request any other concurrent applications for funding.
- Applicant will be required to present an education session to the college membership (for country members this may be in the form of a written report) within four (4) months of attending/completing the conference/course.

Availability

- The Professional Development Scholarship is available to Full and Associate Members of CLCWA.
- The Scholarship will be available *once* only to any recipient
- *Two Scholarships* will be awarded annually in November of each year
- The funding must be utilised within eighteen (18) months of confirmation

Advise to Applicants

Please download the **Application Form** for more information

Closing Date for all Scholarship Applications: 30th October each year

Submission of Scholarship Applications:

Please post to:

Scholarship Applications

Secretary

CLCWA Inc.

P.O. Box 1254

South Perth WA 6951 or email to info@lactationwest.org.au

Enquires:

0402558559

info@lactationwest.org.au

Disclaimer:

Any financial assistance is at the discretion of the CLCWA Inc Committee
Funding will be supplied upon provision of receipts



Professional Development Scholarship Application Form

1. Applicant Details

Full Name _____

Address _____

Suburb _____ State _____ Postcode _____

Telephone:

Home _____ Work _____

E-mail _____

Date joined CLCWA Inc. _____ IBLCE No _____

2. Funding Details

Details of Course/Conference (title, date and location). **Please attach a photocopy.**

Title _____

Dates _____

Location _____

Please itemise estimated costs.

Fees _____ Airfare/travel _____ Accommodation _____

A photocopy of all receipts for registration/course fees, airfare/travel and accommodation costs will be required. Please submit by the time of presentation or report.

3. Declaration

I hereby declare that the information I have provided within this application is true and accurate to the best of my knowledge.

Signature of Applicant _____

Print Name _____

Date _____