






Pacific Surgeons Conference Fund Application Form 2026


Please complete all sections of this form.

Where any section does not apply, please write in N/A.

You are required to provide documentary evidence to support your application. This is denoted by  and a reference number on this form. The application checklist at the end of this document details the specific requirements for validating documentation.

PERSONAL DETAILS	
Title	
First Name	
Last Name	
Professional qualifications e.g FRACS, MBChB	
Current Street Address	
Town/City	
Island/Country	
Preferred Email	
Alternative Email	
Phone no.	

Usual Home Street address (if different from above) 		
Town/City		
Island/Country		
Email (if different from above)		
Nationality 		
Citizenship(s)		
Grants or scholarships you receive	Name(s):	Institution(s):

EDUCATION					
Primary medical degree					
Name and address of awarding institution					
Dates from:		to:		Graduation date	
Post graduate degree (if applicable)					
Name and address of awarding institution					
Dates from:		to:		Graduation date	
Vocational training programme 					
Name and address of awarding institution					
Dates from:		To:		completion date (actual or expected)	

REFEREES***Please list three professional referees who support you in this application***

Full Name			
Job title		Relationship to you	
Institution		email	
Address			
Full Name			
Job Title		Relationship to you	
Institution		email	
Address			
Full Name			
		Relationship to you	
Institution		email	
Address			

CURRENT EMPLOYMENT

Job title

Hospital/ Institution 4

Address

Manager/Supervisor
Name:

Manager/
Supervisor Job title:

POST GRADUATE WORK AND RESEARCH EXPERIENCE

 5 Please attach your CV which should cover the following:

- Your postgraduate work experience
- Fellowships you have undertaken
- Research interests – include citations of any publications where you are a named author
- Presentations you have given at national or international level

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I certify that the supporting documents are genuine and unedited copies of my original documents.

Signature

Date

REASONS FOR APPLYING

Please tell us a bit about yourself, with examples of any specific personal surgical interests, projects you have participated in to support your community and any future employment or educational aspirations. Include why you are applying for the NZAGS Pasifika Fund and the benefits you believe you will gain from attending the NZAGS Conference (ASM) and how this will support the community where you currently work or hope to in the future. It is expected that your answer to this section would be about 500 words (use a separate document if you wish).

Application Checklist

Ensure you have completed the following:

- All sections of application form (or written N/A)
- Provided full contact details for 3 referees
- Signed and dated Page 5

The following documentation must be included and documents denoted by * are mandatory. Please do not send originals!

📄 1 If you are not currently living in your usual country of residence, please provide a copy of a recent household bill or similar, addressed to you at that address, if appropriate.*

📄 2 Copy of your passport*

📄 3 Letter from Chair/Manager of Vocational Training Programme to state you are currently enrolled, if appropriate (registrars only)*

📄 4 Letter of employment offer or similar for current role*

📄 5 CV covering your postgraduate work experience (including any Fellowships) and active research commenced or completed in the past 4 years*

Please send this application form and your supporting documentation to:

Ray Collins
ray@nzags.co.nz

If you have any questions regarding the fund or completing this form, please contact us at the above email address