



ANZCA  
FPM

## Indigenous Health Committee - Sponsorship package to attend the 2024 FPM Spring Meeting

First name

Last name

Email

Phone number

Address

Please select below whether you identify as

Please indicate your current education/employment status

Aboriginal

Second-last year medical student

Torres Strait Islander

Final year medical student

Māori

Prevocational doctor

Specialist in training  
- specialty

- stage of training

Where did you hear about this program?

Only **students** to complete this question

What university do you attend?

Only **prevocational doctors** to complete this question

What year did you graduate?

**All applicants** to address the following three questions

What interests do you have in pain medicine?

Why do you think it would be beneficial to attend the FPM Spring Meeting?

What experience do you have in pain medicine?

**Māori applicants** - What are your experiences/goals in te ao Māori?

I agree to provide a short report outlining my experience of and learnings from attending the FPM Spring Meeting.

I agree to obtain approval from my university or workplace prior to my travel arrangements being made.

**Please return this completed form to [Indigenoushealth@anzca.edu.au](mailto:Indigenoushealth@anzca.edu.au) by 11 August 2024**