



**APPLICATION FORM for ALESSANDRO's SCHOLARSHIP
Saline Process Witness Training (SPWT) at the NCFI
During the Pre Congress-Course Program from Monday 24th
to Wednesday 26th June 2024**

PART 1

Surname: _____ **First Name:** _____

Address: _____

Phone: Mobile - _____ **Home: ()** _____

Email address: _____

Professional qualifications: _____

Current position: _____

Church affiliation: _____

PART 2

1. **Are you a member or affiliate of Nurses Christian Fellowship Australia (NCFA)?**
 yes **no**
2. **Have you previously attended an SPWT?** **yes when?** _____ **no**
3. **Have you previously attended an NCFA event?** **yes which?** _____ **no**
4. **Why are you interested in attending this Saline Process Witness Training time?**

It is understood that funds will be sent to the nominated bank account of the successful applicant(s) after the event, on receipt of their attendance certificate.