



## ODMA Scholarship Application Form

### CERTIFICATE IV IN OPTICAL DISPENSING

Your personal information is required by the ODMA Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individual(s)

**1.**

**SURNAME** \_\_\_\_\_

**OTHER NAMES** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT NUMBERS** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mob) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**ARE YOU SELF EMPLOYED Y / N**  
If yes state your trading name \_\_\_\_\_

**ARE YOU AN EMPLOYEE Y / N**  
If yes state your employer's name \_\_\_\_\_

**PRESENT POSITION** \_\_\_\_\_

**2. THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED WITH THE APPLICATION**

**The application will not be considered if the required documents are not provided\*.**

Document	Page No (s)
(a) Resume showing professional and academic qualification and experience	
(b) Copies of results of any other courses studied	
(c) A statement of your objectives for undertaking this course of study	
(d) Copy of any other documentation in support of your applicatoin	

**\* The original and three (3) copies of the application (i.e. of the form and all documents) are to be provided.**

**PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS**

**Optical Distributors and Manufacturers Association of Australia Limited**

Suite 401 Level 4, 3 Spring Street Sydney NSW 2000 ABN 31 001 783 071

**P** 02 8249 4380 **F** 02 8249 4922 **E** exec@odma.com.au

[www.odma.com.au](http://www.odma.com.au)



**3. HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIP IN REGARD TO THIS ACTIVITY?    Y / N**

If yes give details: \_\_\_\_\_  
\_\_\_\_\_

**4. I AM FULLY AWARE OF THE TERMS OF THE SCHOLARSHIP AND HEREBY UNDERTAKE IF SUCCESSFUL:**

- (a) To abide by the conditions of the Scholarship; and
- (b) To include the elective *Perform Edging and Fitting* and
- (c) To supply to the ODMA Board a copy of my course results within one (1) months of completing the course of study.

Signature: \_\_\_\_\_

Witnessed by a  
Justice of the Peace: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN TO:**

The Executive Director  
ODMA  
Suite 401  
Level 4 / 3 Spring Street  
Sydney NSW 2000

**OFFICE USE**

Date of Receipt:

Conditions Met:    Yes     No

**The ODMA Board will award no more than five (5) scholarships each year. Unsuccessful applicants may reapply.**

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