



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 application	

PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS



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 Chief Executive Officer
ODMA
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.