

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 EMPLOY If yes state your trading name				
ARE YOU AN EMPLOYI				
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	

PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS

Optical Distributors and Manufacturers Association of Australia Limited

Suite 41/14 Narabang Way Belrose NSW 2085 ABN 31 001 783 071 PO Box 264 Terrey Hills NSW 2084 P 02 9450 0765 E marketing@odma.com.au 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 Acting Chief Executive Officer ODMA PO Box 264 Terrey Hills NSW 2084	Date o	CE USE of Receipt: tions Met: Yes No

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

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