

Kathy Walsh Memorial Sponsorship Application Form 2020

| Name: | | | | |
|---|------------|------|---------------|--|
| Address: | | | | |
| Home phone number: | | | | |
| Mobile phone/SMS number: | | | | |
| Email address: | | | | |
| Level of NAATI certification: | Year attai | ned: | NAATI Number: | |
| DipSL Interpreting or BA NZSL-English Interpreting: Year attained: | | | | |
| Are you a current, financial member of ASLIA/SLIANZ? □ yes | | | | |
| Do you reside at a different address to the one provided above? □ yes □ no If so, what is your normal place of residence? | | | | |
| Have you previously received any sponsorship funds to attend an ANC? ☐ yes ☐ no If so, when and from whom? | | | | |
| ALTERNATE FUNDING TO COVER COSTS IN EXCESS OF THE KWMS 2020 | | | | |
| Applicants who have received funding from an alternate source may also apply for KWMS sponsorship. Please include all relevant details and a decision will be made based on merit and information supplied. | | | | |
| Have you applied for or received funding from an alternate source for ANC 2020? | | | | |
| □ yes □ no | | | | |
| If 'yes', how much has been received and from where have you received this funding? | | | | |
| Please confirm that you have sufficient funds for costs in excess of the KWMS for ANC 2020 registration, accommodation, flights etc. | | | | |
| ☐ Yes, I do have sufficient personal funds to cover my costs and understand that if I do not, I will forfeit the ANC 2020 (2.5 day) registration to ASLIA. | | | | |

ADDITIONAL INFORMATION ABOUT YOUR SITUATION

| What interpreting-related PD have you undertaken from 1 Jan 400 words) | uary 2018 to the present? (maximum | | |
|--|------------------------------------|--|--|
| Describe one key learning from the above PD? (maximum 400 |) words) | | |
| | | | |
| What it would mean to you to receive the KWMS Award and a words)? | ttend ANC 2020 (maximum 400 | | |
| | | | |
| AGREEMENT: I certify that the information provided in this application, as well as the evidence provided with it, is accurate to the best of my knowledge. | | | |
| I agree to abide by the conditions set down in this application. | | | |
| | | | |
| Applicant signature: | Date: | | |

Applications open 9th April 2018 and close 31st July 2019

All completed applications must be received by **31**st **July 2018 at 5.00 p.m.** (Australian Eastern Standard Time).

A four member panel will assess all eligible applications based on the above selection criteria. The four member panel will include one Deaf community representative and three NAATI Auslan-English Interpreters, one of whom is an ASLIA Executive Committee member.

The panel will only consider the written Application Form or filmed Auslan application, not prior knowledge of the person or external research about the applicant.

Completed and signed written applications or filmed Auslan applications are to be sent to: treasurer@aslia.com.au and in the subject line write 'KWMS Application'.

All applicants will be advised of the outcome of their application by 15th August 2018.

All panel decisions are final and no correspondence will be entered into with any party.