

**ADAVB BOQ Specialist
Recent Graduate Bursary**

2024

**INFORMATION KIT &
APPLICATION FORM**



VICTORIA

BOQ
SPECIALIST

ABOUT THE BURSARY

The ADAVB BOQ Specialist Recent Graduate Bursary recognises a recent graduate who demonstrates a commitment to high-quality ongoing professional development. It is designed to support the career growth of a young dentist through financial support for continuing education courses.

The recent graduate bursary is open to any current ADAVB member who first registered as a dentist in Australia between 2016 and 2024, and is not serving a current term in office on ADAVB Council or Standing Committees.

There are 2 levels for this bursary:

- (1) the first is valued at **\$5,000** and will be awarded to the best applicant
- (2) the second is valued at **\$2,500** and will be awarded to the runner-up applicant

The bursary full amounts for both levels are to be applied towards career development training on any ADAVB CPD courses.

A practitioner can only submit one application per year. Any practitioner who has received this bursary in the past cannot apply again.

Applications will be assessed and reviewed by the bursary panel, comprising appointed senior representatives from the ADAVB and BOQ Specialist.

The bursary will be presented to the successful candidate at an event in 2025.

The practitioner who receives a bursary will be profiled in relevant ADAVB and BOQ Specialist publications, websites and social media.

ELIGIBILITY CRITERIA

Applicants must meet the following eligibility criteria:

- Must be current ADAVB members
- Must have a CPD log of activities undertaken in the last two years, or since graduation if less than two years
- Must not be serving a current term of office in the ADAVB Council or standing committees

APPLICATION DETAILS

Applications close 5pm on Monday 16 December 2024.

The ADAVB BOQ Specialist Recent Graduate Bursary consists of four sections:

Section 1:	Personal and practice details
Section 2:	Personal career and CPD plan
Section 3:	CPD log
Section 4:	Declaration

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

SUBMIT YOUR APPLICATION

You can submit your completed application by email or hard-copy.

By email: Email a PDF formatted application to cpd@adavb.org

Hard-copy: Two copies, in a booklet (stapled or bound), with:
A front cover that includes:

- Name
- Practice name
- Title: 2024 ADAVB BOQ Specialist Recent Graduate Bursary
- Numbered pages presented in order
(Section 1, Section 2, Section 3 and Section 4)
- A font that is not less than size 10
- 1.5 spacing between lines

Tables, figures and images may be included.

Mail to: ADAVB Attention: CPD Unit
PO Box 9015, South Yarra Vic 3145

APPLICATION

Section 1: Personal and practice details

Applicant details

GIVEN NAME _____ SURNAME _____

ADAVB MEMBERSHIP NUMBER _____ GRADUATION YEAR _____

CONTACT NUMBER _____ EMAIL _____

Practice details

PRACTICE NAME _____

ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

PHONE NUMBER _____

PRACTICE EMAIL _____

Section 2: Personal career and CPD plan

1. Describe your professional experience to date.
2. Describe the practice you work in and the community you serve.
3. Briefly describe the professional development courses you have undertaken since graduation and how they have influenced you professionally.
4. What direction would you like to take your career in? Where would you like to be in five years?
5. What are some of your knowledge gaps?
6. Which ADAVB courses (adavb.org/events) could help bridge those gaps?
7. Describe the benefits of the bursary to you and your patients.
8. Why do you think you deserve this bursary?

Please utilise the provided spaces on the following pages to submit your answers.









Section 3: CPD log

This application requires dental practitioners to submit a copy of their log of CPD undertaken over the past two years (or since graduation, if less). Please attach a copy of your CPD log.

Section 4: Declaration

I declare that:

1. I have read the eligibility criteria, and I am eligible to apply.
2. To the best of my knowledge the information supplied in this application is accurate and correct.
3. I am committed to active and ongoing professional development.

By ticking this box, I agree to the declaration outlined above.

NAME:

SIGNED:

DATE:

SUBMIT

Email:	cpd@adavb.org
Mail:	ADAVB CPD Unit PO Box 9015, South Yarra VIC 3141

ENQUIRIES

Contact: Ms Caroline Kaur

Email: caroline.kaur@adavb.org

Phone: 8825 4622