



APPLICATION FORM YOUNG DENTISTS VOLUNTEER GRANT 2020

APPLICANT DETAILS:

Title: Surname: Given Name:

Phone (Work):

Phone (Personal):

Email address:

Postal Address:

Dental School from which you graduated:

Year of graduation:

WHY ARE YOU APPLYING FOR THE ICD VOLUNTEER GRANT FOR YOUNG DENTISTS?

**DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE WITH ANY DENTAL PROGRAMS? YES/NO
IF "YES", GIVE BRIEF DETAILS.**

PLEASE DETAIL YOUR CLINICAL EXPERIENCE SINCE GRADUATION
(give details of your range of clinical work and estimated hours)

WHAT CLINICAL SKILLS DO YOU CONSIDER TO BE YOUR STRENGTHS?

WHAT CLINICAL SKILLS ARE YOUR WEAKEST?

DENTAL VOLUNTEERING PROGRAMS INVOLVE CROSS-CULTURAL TEAMWORK AND WORKING WITH LOCAL PROFESSIONALS. WHAT ARE SOME APPROACHES YOU WOULD TAKE TO ENSURE YOU ARE A VALUED TEAM MEMBER?

WHAT CONCERNS DO YOU HAVE ABOUT PARTICIPATING IN A DENTALLY RELATED HUMANITARIAN PROGRAM?

PLEASE PRIORITISE YOUR INTEREST IN UP TO 3 OF THE FOLLOWING ICD SUPPORTED PROGRAMS (number your choices from 1 to 3 in order of priority). Refer to the enclosed overview of programs to assist you with your choices. The level of involvement in any program is at the discretion of the program leader giving due consideration to the clinical capabilities of the volunteers.

- 1. Healthy Kids Cambodia
- 2. Cambodia One-2-One Prisons Dental Program *(must have minimum of 5 years clinical experience to apply)*
- 3. Cambodia, M'Lop Tapang
- 4. Fiji, Smiles for the Pacific
- 5. Kimberley Dental Team
- 6. Nepal, Project Yeti
- 7. Nepal, Village Health Improvement
- 8. Papua New Guinea Dental School
- 9. Solomon Islands Dental Clinic
- 10. Timor Leste Dental Project
- 11. Vietnam OMFS Ho Chi Minh City
- 12. Vietnam Long Tan Dental Program

WHY ARE YOU INTERESTED IN THE PROGRAMS YOU HAVE SELECTED ABOVE?

REFEREES

Please give the names and contact details of two referees who have firsthand knowledge of your clinical skills and experience.

REFEREE 1

Title: Surname: Given Name:

Phone:

Email address:

Postal Address:

How does this referee know you?

REFEREE 2

Title: Surname: Given Name:

Phone:

Email address:

Postal Address:

How does this referee know you?

I acknowledge that I have read and understand the terms and conditions given in the ICD Young Dentists Volunteer Grant acknowledgement form. *(NOTE: the acknowledgement form is to be signed and returned in due course only by the successful applicant.)*

Signature:

Date:

Please return your completed application to: Dr Ron Robinson, ICD Administrative Officer
10 Bendtree Way, Castle Hill, NSW 2154
Email: admin@icdsectionviii.org

APPLICATIONS close on 6 March 2020.