

**APPLICATION FORM**

**YOUNG DENTISTS VOLUNTEER GRANT 2023**

**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 PROJECT?**

**PLEASE PRIORITISE YOUR INTEREST IN UP TO 3 OF THE FOLLOWING VOLUNTEER OPPORTUNITIES** (number your choices from 1 to 3 in order of priority). Refer to the enclosed volunteer program summaries 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. Collaborating Centre for Innovation in Population Oral Health (CIPO)

\_\_\_ 2. Cambodia, M’Lop Tapang

\_\_\_ 3. Fiji, Smiles for the Pacific

\_\_\_ 4. Kimberley Dental Team

\_\_\_ 5. Nepal, Project Yeti

\_\_\_ 6. Papua New Guinea Dental School

\_\_\_ 7. Timor Leste Dental Project

\_\_\_ 8. Vanuatu, Gudfala Tut Skul Program

\_\_\_ 9. Vietnam, Long Tan Dental Program

\_\_\_ 10. Adelaide Community Outreach Dental Program

\_\_\_ 11. Children’s Health Aid Team (CHAT), Vietnam

\_\_\_ 12. Projeto Nehan Saudavel (PNS), Maluk Timor, Timor Leste

**WHY ARE YOU INTERESTED IN THE PROJECTS 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 of the 2023 ICD Volunteer Grant for Young Leaders.

Signature: Date:

Please return your completed application to: Dr Ron Robinson, ICD Administrative Officer

 10 Bendtree Way, Castle Hill, NSW 2154

 Email: admin@sectionviii.org

**APPLICATIONS close on 31 July 2023**.