

Under the patronage of Dr. William J. Pryor A.O

President: Dr Olatunji Nasir, Nigeria Secretary: Dr Sarah Wilkinson-Eytle, Jamaica

ABN: 32 028 718 664

## **CVA STUDY FUND APPLICATION**

## **BACKGROUND:**

"The Mission of the Commonwealth Veterinary Association is to promote the veterinary profession within the Commonwealth by encouraging the highest professional standards of education, ethics and service in order to advance animal health, productivity and welfare so as to improve the quality of life of all its peoples."

To facilitate the CVA aims and objectives, an annual allocation of funds will be made available to applicants who have veterinary or paraveterinary study requirements that meet the key selection criteria outlined in the application form.

Study costs up to the value of \$AUS 5000.00 will be considered.

A detailed report describing the completed study/course, associated outcomes and acquittal of funds will be required at the conclusion of each financial year in which the study/course is undertaken.

Examples of previous CVA study recipients can be found at <a href="https://www.commonwealthvetassoc.com/programs/cva-study-fund/">https://www.commonwealthvetassoc.com/programs/cva-study-fund/</a>

## **ELIGIBILITY:**

Applications will be accepted from applicants whose country of origin is a current financial member of the CVA.

Applications must be approved by the applicant's country CVA councillor on behalf of the country professional organization prior to submission to the CVA executive committee.









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## **KEY SELECTION CRITERIA (to be completed by the applicant):**

1.	Details of applicant:				
	a.	Name			
	b.	Address			
	c.	Phone			
	d.	Email			
2.		_S OF STUDY REQUEST (Include name of qualification, training institute, duration of			
	course				
2	\ <b>\</b> /U \T	GAP/NEED WILL THIS STUDY/COURSE ADDRESS?			
э.		ify the specific needs of the recipient and/or the community in which the skills/serv	,ice		
		ed by the training course is to be delivered including evidence about the needs of the			
	-	group/s and location/s)			
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4.	PROVIDE AN OUTLINE OF THE BUDGET FOR THE STUDY INCLUDING THE AMOUNT REQUESTED FROM CVA AND HOW THE FUNDS WILL BE SPENT
5.	DESCRIBE THE MEASURES/EVALUATION OF THE STUDY/TRAINING AND ASSOCIATED OUTCOMES









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a.	CVA Councillor:	
	Signature	
	Name	
b.	. Representative of Veterinary Association:	
	Signature	
	Name	
	Position	

2. SEND YOUR COMPLETED APPLICATION FORM TO info@commonwealthvetassoc.com





