

**ICP Clinical Student Support Grant Application Form**

Applications close 31 March (Round 1) and 30 September (Round 2)

To submit your application or for further information, please email Saul Gibney at [saul.gibney@explore.org.nz](mailto:Saul.Gibney@explore.org.nz)

*Please note: The information in this application will be kept in strictest confidence and viewed only by members of the ICP committee who are not directly involved with clinical psychology training programmes in New Zealand.*

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stage of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for application** (Please explain your circumstances, in a level that you are comfortable with, that you require a support grant to assist you).

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**How the grant will be used** (Briefly describe how the grant money is intended to be spent, e.g. medical/dental bills, costs associated with family bereavement/emergency etc)

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