



**PUBLIC HEALTH EDUCATION AND RESEARCH TRUST**  
Post-Masters Graduate Research Scholarship 2007

**Application Form**

Name: .....

Address: .....

Phone: .....

Email: .....

PHAA Membership Number: .....

Masters From: .....

Research area and topic: .....

Affiliated University/Employer .....

Ethical Clearance: .....

Total Budget: .....

Referees: .....

Signature .....

Date .....