



2016 IPOS Scholarship Award Application Form

Six (6) Scholarships Awards are being made available to the value of € 1,000 each.

Event for which you are applying	Dates	Deadline for Application
18th International Psycho-oncology Society World Congress and Training Academy	17-21 October 2016	1 st August 2016

Open to:

IPOS Scholarships Awards are open to LMI country congress delegates with an oral or poster abstract accepted for presentation.

Requirements:

1. Must apply for Scholarship Award on or before August 1, 2016. Applications must be complete, and include all the required information.
2. Applicants cannot be a previous IPOS Scholarship Award recipient.
3. Successful applicants will be required to provide proof of registration for the 2016 IPOS Congress before payments can be approved.
4. Scholarship recipients must provide a letter from their home institutions indicating they have permission to attend.
5. Must be a current IPOS member.



Dedicated to fostering the science of psychosocial and behavioral oncology and improving the care of cancer patients and their families throughout the world

Please **PRINT** or **TYPE** in **ENGLISH** and email this form, along with other required information, to: info@ipos-society.org. Confirmation of receiving submissions will be provided by email within 2-business days.

Ref: 2016 IPOS World Congress and Training Academy Scholarship Application

Family name (*as it appears on your passport*): _____

First name: _____

Title _____

Degree: _____

Address: _____

Prov/State: _____

Postal/Zip code: _____

Country: _____

Name of Institution: _____

Department: _____

Email address: _____

Telephone: _____

Passport Number: _____

Please circle: MALE/FEMALE

Place of birth: _____

Country of Citizenship: _____

Please answer the following questions:

YOUR WORK:

1. Please indicate your level of psycho-oncology knowledge:

BEGINNER____ INTERMEDIATE____ ADVANCED____

2. Do you offer a psycho-oncology services to cancer patients: YES____NO ____

(If NO, skip to Question 7)

IN YOUR ROLE AS A PSYCHO-ONCOLOGIST:

3. Who are your patients (check all that apply): Adults____ Children____ Family members____

4. What types of cancer do the patients you see have?:

5. What services do you provide to your patients?

6. What types of consultation or teaching do you provide to staff in your institution around psycho-oncology issues?

7. Approximately how many students (medical/nursing/psychologist/social work) do you teach in one year?

8. How many psycho-oncologists are there at your hospital or institution in total?

9. What other disciplines (medicine, nursing, social work, psychology, psychiatry, activities therapists etc.) do you work with in providing psychosocial care?

10. Do you have an appointment at a university in your professional role? YES____NO ____

11. If yes, are you on the Curriculum Committee at your university? YES____NO ____

PROFESSIONAL MEMBERSHIPS:

12. Is there a national Psycho-oncology Society in your country? YES ___ NO ___

13. Are you a member of your national Psycho-Oncology Society? YES ___ NO ___

If yes, please provide proof of membership:

Name of national Psycho-Oncology Society _____

Copy of current certificate of membership attached to application: YES ___ NO ___

14. Are you a current member of the International Psycho-oncology Society*? YES ___ NO ___

**Note, the IPOS Headquarters will be confirming IPOS membership stats as applications are received.*

15. Do you hold any positions or do any teaching within your national Psycho-oncology Society or within IPOS? YES ___ NO ___

If yes, what positions or teaching roles do you hold?

EDUCATION: Please list your educational experiences and degrees below:

	Name of University or College	Major or Area of Concentration	Degree Received	Year Degree Received
(example)	Harvard College	Psychology	B.A.	1990
Undergraduate Education				
Graduate Education (list Master's and Ph.D. study on separate lines)				

16. Have you taken any post-college courses in Psycho-Oncology or related courses relevant to your work in Psycho-Oncology? YES ____ NO ____

If yes, please list below:

Course Subject	Where Taught	Taught by?	Length of Course

INTEREST IN ATTENDING THE PSYCHO-ONCOLOGY CONGRESS AND TRAINING ACADEMY:

17. Why you are interested in attending this *Psycho-Oncology Congress*?

18. How you will use this new knowledge?

19. What level of proficiency do you have in English? INTERMEDIATE ____ ADVANCED ____

20. Are you able to attend the entire IPOS 2016 congress in Dublin? YES ____ NO ____

21. Do you understand that you are required to attend the entire Congress YES ____ NO ____

Please attach, as one document if possible, the following materials along with this application form and send by no later than 1st August 2016 to: info@ipos-society.org

- CV (curriculum vitae)

If you have questions please email maggie.watson@live.co.uk

IPOS Scholarships for Dublin

Please provide a brief summary of how you hope to achieve the following:

1. **Community Outreach:** describe how you plan to develop your own country's training programs in psycho-oncology (no more than 100 words)

2. **Management Effectiveness:** describe how you hope to develop psycho-oncology training in your own country. (no more than 100 words)
