



NEW ZEALAND MEDICAL ASSOCIATION

Summer Studentship Application Form

PLEASE PRINT CLEARLY

Surname Mr Ms Mrs Miss

Given Name

Street Address

City

Postal Address

Home Phone

Mobile

Email

Academic reference:

Name

Email Address

Timeline (normally 10 weeks, but greater or lesser times may be considered by negotiation)

CV attached

Research plan attached

Name of University

Please tick

2nd year

3rd year

4th year

5th year

Trainee Intern

NZMA member (available to NZMA members only)

Signature

Date

Please send to:
NZ Medical Association
Summer Studentship
PO Box 156
Wellington 6140

nzma@nzma.org.nz
0800 656 161
www.nzma.org.nz