

W+K APIG SCHOLARSHIP 2024

APPLICATION FORM

PERSONAL DETAILS

TITLE:	DATE OF BIRTH:	/	/
NAME:			
WORK PHONE:	MOBILE PHONE:		
WORK EMAIL:			

APPLICANT'S DECLARATION:

If my application is successful, I will be able to travel to my nominated conference. I also give my permission for APIG and Wotton + Kearney to publicise my name, company and position, and confirm I am willing to participate in promotional activities.

APPLICANT'S SIGNATURE:	DATE:	/	/
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EMPLOYMENT DETAILS

ORGANISATION NAME:
YOUR POSITION TITLE:
MANAGER'S NAME:
MANAGER'S POSITION TITLE:
MANAGER'S EMAIL:

EMPLOYER'S DECLARATION:

Our organisation supports this application for the 2024 W+K APIG Scholarship. If successful, we give approval for the applicant to travel to their nominated conference. I also give permission for APIG and Wotton + Kearney to publicise the applicant's name, company and position.

MANAGER'S SIGNATURE:	DATE:	/	/
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Your written submission or short video should be emailed with this Application Form

PLEASE EMAIL THIS FORM & YOUR SUBMISSION TO:
APIGScholarship@wottonkearney.com.au
Use the subject heading "W+K APIG Scholarship"
Full terms and conditions are available at www.apig.com.au

Submission close
5.00pm (AEST)
Friday, 23 August 2024

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SUBMISSION QUESTIONS

Tell us about your current role and its focus.

You can use this template for your response, otherwise attach in a separate document or a short video recording.

What do you see is a major issue for your area of insurance, and how it could be resolved?

Response

In a few words, what makes you proud to work in the financial lines insurance industry in Australia?

Response