



ANZMOSS

Australian & New Zealand
Metabolic and Obesity Surgery Society

ANZMOSS Education Grant Application Form 2026

Section A

Ms. Mrs. Mr. Dr. Associate Professor. Professor.

Full name:

Postal Address:

Residential address (if different from above):

Home contact number:

Business contact number:

Mobile contact number:

Preferred email address:

Bank:

Account name:

BSB:

Account number:

Section B

Have you previously attended an ANZMOSS Annual Scientific Meeting?

Yes No

If yes, what year:

Have you previously attended another ANZMOSS event (such as the IH Masterclass or the Auckland Bariatric Meeting)

Yes No

If yes, what year:

Are you planning/willing to attend the ANZMOSS Annual Scientific Meeting in Hobart, Tasmania 12th-14th August 2026?

Yes No

Are you willing/able to provide a written report of your experience at the ANZMOSS Annual Scientific Meeting following attendance which will be presented to the Board?

Yes No

Section C

Profession (please tick appropriate)

Med student GP Psychologist Other (specify)
Nurse Nurse Practitioner Exercise Physiologist
Practice Manager Dietitian

Please provide evidence of your registration with professional governing body (i.e. AHPRA Registration certificate or registration number)

Do you currently hold a FRACS? Yes No

What year did you gain your fellowship? Year:

Are you registered to practice metabolic and bariatric surgery in Australia or Aoteroa New Zealand?

Yes No

If yes, please provide a copy of your registration.

For integrated health professionals, please state your qualifications below:

Section D

Please provide the name and contact details of the person who has completed your letter of support and one other relevant professional referee (referees may be contacted by the selection Chair to confirm any information outlined in the letter of support if necessary)

Referee who completed letter of support:

Name (including title):

Position:

Contact number:

Contact email address:

Referee (additional):

Name (including title):

Position:

Contact number:

Contact email address:

Section E:

I certify that the information supplied in this application is true and correct at the time of submission. I understand the Society may wish to verify this information with an institution or individual. I consent to such inquiries being undertaken as part of the education grant selection process. I have read and understood the education grant information, eligibility and selection criteria and agree to abide by the obligations associated with the education grant.

Name of applicant:

Signature:

Date (DD/MM/YYYY):

Your application checklist:

- A completed ANZMOSS Education Grant Application form
- One-page CV outlining relevant experience and qualifications
- One-page personal statement demonstrating benefits of the applicants attendance
- Letter of support