**To be completed by the NSW Rural Allied Health Postgraduate Scholarship Applicant:**

Letter of Support from Manager/Supervisor

2024 Rural Allied Health Postgraduate Scholarship

Name:

Course:

University:

**To be completed by a manager, clinical supervisor, or other relevant person:**

Name:

Position:

Unit/Branch:

Institution:

Telephone:       Fax:

Email:

**Please describe why you support the applicant undertaking this course of study:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: