

**2023 YOUNG DENTISTS VOLUNTEER GRANT TERMS & CONDITIONS**

*   I acknowledge that I have been advised that the Board of the Australasia Section of ICD has awarded me the ICD Young Dentists Volunteer Grant of up to $3,500 AUD for 2023. The grant is to cover airfares, accommodation and other expenses directly related to the volunteer experience, as approved by the Board prior to participation in the program.
*   I understand that I must provide receipts to be reimbursed for my expenses.
*   I have elected to participate in the XX program and my participation has been approved by the Program  Leader, XX.
*   I agree to participating in this program at a time negotiated with XX.
*   I acknowledge that my level of active participation in the program will be at the sole discretion of the program leader. This may mean that in certain circumstances, I may only be an observer.
*   I agree to adhere to the protocols and codes of conduct which apply to volunteers engaged in the program.
*   I understand that I will need to meet local regulatory requirements in the country where I wish to volunteer,  as all volunteers must do.
*   I understand that as the recipient of this ICD Young Dentists Volunteer Grant, I am not eligible to apply again for the grant.
*   I acknowledge that the International College of Dentists has no responsibility to provide insurance for my participation in this program and is hereby indemnified in respect of any claim made as a result of my participation in this program. I understand that I am undertaking this experience at my own risk.
*   I agree to provide an article and photos for an ICD newsletter as requested by the Editor of the newsletter following my participation in this program.
*   I agree to give a presentation on my experience at an ICD function, if invited by the Board, with applicable expenses to be reimbursed to me by ICD.  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Please return this completed form to: Dr Ron Robinson, ICD Administrative Officer 10 Bendtree Way, Castle Hill, NSW 2154  Email: admin@sectionviii.org