



Ref. no.: .....

## Application for MPA Project Development / Event Aid.

Details of Applicant			
Name			
Telephone no.		E-mail	
Place of Practice			
Life Associate / Ordinary membership since		Early Career Psychiatrist (if applicable)	Yes / No
MMC number		NSR (if applicable)	
Previous sponsorship(s) by MPA			
Event			Year
1.			
2.			
Details of Project / Event.			
Title			
Details (as applicable)	Date / day		
	Venue		
	Target audience		
	Number of participants		



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(For office use only).

Date received: .....

This application by ..... (name) is  
**APPROVED / NOT APPROVED** by the committee on ..... (date).

The following application is not approved due to the reason(s) below (to be filled if **NOT APPROVED**):

1. ....  
.....
2. ....  
.....