

# Application form

Please print or type all answers clearly and sign in ink



Full name of applicant: .....

Address: .....

.....

Date of birth: .....

Telephone number (inc. area code): .....

Email: .....

*We will contact you by email if your application is successful*

Implant Centre and Place: .....

- Device type
- |  |   |
|--|---|
| <input type="checkbox"/> Cochlear™ Nucleus® 7 Sound Processor    | <input type="checkbox"/> Cochlear™ Nucleus® CP802 Sound Processor   |
| <input type="checkbox"/> Cochlear™ Nucleus® 7 S Sound Processor  | <input type="checkbox"/> Cochlear™ Nucleus® Freedom Sound Processor |
| <input type="checkbox"/> Cochlear™ Nucleus® 7 SE Sound Processor | <input type="checkbox"/> Cochlear™ Kanso® Sound Processor           |
| <input type="checkbox"/> Cochlear™ Nucleus® 6 Sound Processor    | <input type="checkbox"/> Cochlear™ Kanso® 2 Sound Processor         |
| <input type="checkbox"/> Other (Please specify) .....            |   |

## Academic details

Name and address of university, college, or institute of further education which you are currently studying at or applying to study at:

.....

.....

Course being undertaken .....

.....

### I understand that, should I be awarded a Scholarship:

I will be paid in two increments (first instalment on being awarded the scholarship, second instalment one year later). I understand that, should I fail to successfully complete a consecutive year of study, my scholarship will be discontinued and no second payment will be made.

I agree to participate in an award ceremony and understand that my name, Cochlear implant story and photograph(s) may be used by Cochlear Europe Ltd or other companies in the Cochlear Group of companies for marketing purposes and promotional material, media (magazines, newsletters, newspapers and publications) or websites sponsored by Cochlear Europe Ltd and any social media platforms.

I agree to being contacted by Cochlear after completing my studies for a short follow-up story to be used for marketing purposes.

I attach all the required documentation from the supporting document checklist, which I understand will not be returned to me.

Your personal information is processed in accordance with our Global Privacy Policy available at [www.cochlear.com/privacy](http://www.cochlear.com/privacy). If you are unsuccessful in your application, the personal information included in this form will be deleted within six months.