

<b>Family Name</b>	
<b>First Name</b>	
<b>Target Area of Practice</b>	

## Postgraduate Nursing Scholarship Semester 2 2010

### Template

# APPLICATION FORM

**CLOSING DATE 5pm, July 1<sup>st</sup> 2010**

*Applications received after the closing date will not be considered*

#### **Applications should be marked CONFIDENTIAL and addressed:**

- **Post** Postgraduate Nursing Scholarships – Semester 2 2010  
Gemma Phipps  
Program Coordinator  
Mackinnon Nursing Education & Development Centre  
The Royal Children's Hospital  
50 Flemington Rd  
Parkville Vic 3052
- **Email** mackinnon.education@rch.org.au

#### **For more information, scholarship forms and guidelines see:**

##### **Nursing in Victoria Website**

[www.health.vic.gov.au/nursing](http://www.health.vic.gov.au/nursing)

##### **Mackinnon Nursing Education & Development Centre**

[http://www.rch.org.au/mcpc/communities.cfm?doc\\_id=11862#post\\_grad\\_qual](http://www.rch.org.au/mcpc/communities.cfm?doc_id=11862#post_grad_qual)

#### **Scholarship inquiries:**

Gemma Phipps – Program Coordinator  
Mackinnon Nursing Education & Development Centre  
P: 03 9345 6716 E: mackinnon.education@rch.org.au

*This section includes mandatory data items to be reported to the department*

**Applicant details**

Title	Family Name					
Given Name/s						
Residential Address						
Suburb		State		Postcode		
Postal Address (If different than above)						
Suburb		State		Postcode		
Contact Details	Work		Home		Mobile	
e-mail						
Are you an Australian or New Zealand citizen or permanent resident? <i>(please tick ✓)</i>				Yes		No
Are you of Aboriginal or Torres Strait Islander origin? <i>(please tick ✓)</i>				Yes		No
Nurses Board of Victoria registration number				Registration expiry date		
Division of the register? <i>(eg. Division 1; Division 3)</i>						
Registration Category <i>(eg. General registration; Specific registration)</i>						
<i>Successful applicants will be required to provide a copy of their current Nurses Board of Victoria registration certificate- front and back - showing name, registration number, endorsements, conditions or restrictions and expiry date?</i>						
Have you received a scholarship or funding from the Department of Health (previously the Department of Human Services) in the past? <i>(please tick ✓)</i>					Yes	No
If yes, record your Nurse Policy Branch identification number (if known)						
If your name and address were different than that stated above at the time of payment, please record these details.						

**Details of employment during course of study (2010)**

*(Customize this section in accordance with the local/regional selection process)*

Position*						
Area of practice*						
Employer*						
Name and title of employer contact person <i>(e.g. Nurse Unit Manager or DON)</i>						
Work address*						
Suburb	State		Postcode			
Employment status <i>(please tick ✓)</i>	Full time		Part time		Casual/Bank	
Is your employment for 2010 confirmed?				Yes		No
Is your employer/Nurse Unit Manager aware that you are undertaking a course with a supervised clinical component? <i>(please tick ✓)</i>				Yes		No
If not, provide explanation:						
<i>(Add explanation as required)</i>						

# Postgraduate Nurse Scholarship Semester 2 2010 - Application



Department of Health



## ***Details of relevant education / Clinical background***

### ***Briefly describe details of relevant post secondary educational background including qualifications***

Year of course completion	Name of course/program of study	Institution/education provider	Additional comments

### ***Briefly provide details of relevant professional experience (prior to course commencement)***

Dates	Description of clinical/professional experience	Additional comments

# Postgraduate Nurse Scholarship Semester 2 2010 - Application



Department of Health



## Details of Commitment to area of practice

**Provide a description of your commitment to the specialty area of nursing practice for which the scholarship is sought.** (Include information about professional memberships, research activities, self-directed learning in the area of specialty, journal subscriptions, or a statement about how your qualification in this specialty will assist your intended career path.)

**Provide evidence of your intention to continue working in the area of clinical nursing practice. This may be in the form of a 'statement of intent'.**

## Course details for Semester 2 2010

Name of course						
Name of tertiary institution						
Address of tertiary institution						
Commencement date of course	/	/	Anticipated date of completion:		/	/
What qualification level will you attain with this funding? (please tick ✓) <small>(For example, tick Graduate Certificate if you are enrolled in a Clinical Masters and completing the requirements for a Graduate Certificate).</small>	Graduate Certificate		Graduate Diploma			
	Other <b>Please specify</b>					
Course fees for 2010 (Estimate your fees semester 2 - exclude amenities fees)	Semester 1 2010	\$	Semester 2 2010	\$		
Estimate your related study costs for 2010 (from the Item and Cost table below)					Total cost \$	
Item	Cost	Item	Cost			

# Postgraduate Nurse Scholarship Semester 2 2010 - Application



Department of Health



Item	Cost	Item	Cost
Are you studying part-time or full time in Semester 1 2010? <i>(please tick ✓)</i>	Part time		Full time
Course Place <i>(please tick ✓ the type of course)</i>	Full Fee Paying	N/A	Commonwealth Supported Place (CSP or HECS)
Fees payment method for Semester 1 2010 <i>(please tick ✓)</i>	Upfront payment to the university	✓	FEE-HELP Loan
	HECS-HELP	N/A	Combination

*Successful applicants course fees will be paid directly to appropriate university. Do not apply for fee help until notification of outcome of application*

### Provide details below of other professional development assistance sought

Have you been awarded a scholarship, grant or professional development funding from <b>another source</b> for this course? <i>E.g. Employer, Professional body etc. (please tick ✓)</i> <i>Exclude loans from your employer or other bodies that you are required to repay.</i>	Yes		No
Name of source			
Amount	\$		

### Other information

How did you hear about this scholarship offer?	Employer	<input type="checkbox"/>	Advertising	<input type="checkbox"/>
	Course Provider	<input type="checkbox"/>	Nursing in Victoria website	<input type="checkbox"/>
	Colleague	<input type="checkbox"/>	Other	<input type="checkbox"/>

**To maximise your opportunity to obtain a scholarship, it is suggested that you read the Guidelines for Applicants thoroughly.**

*To the best of my knowledge the information I have provided is true and correct. I have read the Guidelines for Applicants and agree to abide by the criteria for applicants and conditions for successful applicants. I understand that scholarships are allocated at the discretion of the selection panel and that the decision of the panel is final.*

<b>Applicant Name:</b>	<b>Signature:</b>	<b>Date:</b>
		/ /

### Privacy Statement:

Please note: details from your application will be provided to the Department of Health.

The Department of Health is collecting your personal information to allocate scholarships and for the development of policy relating to the Nursing Workforce. Your information may be disclosed to named employers and universities in order to assist us in assessing your eligibility, for data collection and for administration purposes. You can access your personal information held by the Department by contacting the Nurse Policy Branch on 90967528 or by email on [nursepolicy@DoH.vic.gov.au](mailto:nursepolicy@DoH.vic.gov.au)

You may choose to give some or none of the information requested, however we maybe unable to process your application. You can view the Department of Health Privacy Policy at (<http://www.DoH.vic.gov.au/privacy/>).