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| Department of Health and Human Services  DecorativePostgraduate Nursing and Midwifery Scholarship  Application 2020 |

Closing date: Monday, 24 February 2020

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

**To maximise your opportunity to gain a scholarship, it is suggested you read the *Postgraduate Nursing and Midwifery Scholarship Program* Guidelines thoroughly.**

Application submission:

These should be marked CONFIDENTIAL and addressed to:

Scholarships Registrar  
Centre for Education  
Footscray Hospital   
Gordon Street  
Footscray VIC 3011

Or Email: WHS-CEAdmin@wh.org.au

Scholarship enquiries:

WHS-CEAdmin@wh.org.au

Privacy statement

De-identified details from your application will be provided to the Department of Health and Human Services (the department). *(Insert health service name)* will collect and retain your personal information contained in this application for the development of policy relating to the nursing and midwifery workforce. This information may be utilised for data collection, auditing and administration purposes. You can view the Department of Health and Human Services Privacy Policy at <http://www.health.vic.gov.au/privstat.htm>.

**Income tax implications**

The department is not required to withhold tax (PAYG) from scholarships, as recipients require full pay for school fees. Not withholding tax does not mean scholarship is income tax exempt. If your scholarship is taxable, you will receive a payment summary that includes the amount of scholarship received from scholarship providers.

Recipients should be made aware that they:

    may be liable to pay tax on their scholarship. For more information refer recipients to the calculator on the ATO website: <https://www.ato.gov.au/Calculators-and-tools/Is-my-scholarship-taxable/>.

    may be entitled to claim a tax deduction for self-education expenses – for more information please refer recipients to the ATO site at the following link: <https://www.ato.gov.au/individuals/income-and-deductions/deductions-you-can-claim/self-education-expenses>.

**The department strongly recommends that recipients seek independent tax advice in respect to their scholarship payments.**

## Applicant details

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| Title |  | Family Name | |  | | Given Name/s | | |  | | | | |
| Residential Address | | |  | | | | | | | | | | |
| Suburb | | |  | | | State |  | | | Postcode | | |  |
| Postal Address  (If different than above) | | |  | | | | | | | | | | |
| Work Phone | | |  | | | Home or Mobile |  | | | | | | |
| Preferred E-Mail  **(please print)** | | |  | | | | | | | | | | |
| Are you an Australian or New Zealand citizen or permanent resident? | | | | | | 🞎 Yes 🞎 No | | | | | | | |
| If not is this pending? | | | | | |  | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander origin? *(Optional)* | | | | | | 🞎 Yes 🞎 No | | | | | | | |
| AHPRA Registration Number **(Mandatory)** | | | | | |  | | | | | | | |
| Registration Division | | | | | | 🞎 Registered nurse 🞎 Registered midwife | | | | | | | |
| Have you received a scholarship or funding from the Department of Health and Human Services in the past? | | | | | | 🞎 Yes 🞎 No | | | | | | | |
| If yes, health services must contact the department to ensure eligibility at the following email: <vicworkforce@dhhs.vic.gov.au> | | | | | | | | | | | | | |
| If your name and address were different than stated above at the time of payment, please record these details here. | | | | | |  | | | | | | | |
| Employment details during course of study - 2020 | | | | | | | | | | | | | |
| Name of Employer | | | | |  | | | | | | | | |
| Position/Job title | | | | |  | | | Grade/  Classification | | |  | | |
| Area of practice | | | | |  | | | Location/  Campus | | |  | | |
| Employment status | | | | | 🞎 Full time 🞎 Part time 🞎 Casual/Bank | | | | | | FTE |  | |
| Name & Title of Employer contact person  *(e.g. Nurse Unit Manager or Nursing/Midwifery Executive)* | | | | |  | | | | | | | | |
| Is your employment for 2020 confirmed? | | | | | 🞎 Yes 🞎 No | | | | | | | | |
| Is your employer/manager aware that you are undertaking a course with a supervised clinical component? | | | | | 🞎 Yes 🞎 No | | | | | | | | |
| If not, provide explanation: | | | | |  | | | | | | | | |

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| Course details for 2020 | | | | | | |
| Name of course |  | | Level of qualification | |  | | |
| Name of tertiary institution (including campus and State) | |  | | | | | |
| Commencement date of course | | / / 20\_\_ | Anticipated completion date: | | | / /20\_\_ | |
| Course fees for 2020 *(Estimate your fees semester 2 exclude amenities fees)* | | Semester 1  2020 | **$** | Semester 2  2020 | | **$** | |
| Study load in 2020 | | 🞎 Part time studies 🞎 Full time studies | | | | | |
| Course Place | | 🞎 Full Fee Paying 🞎 Commonwealth Supported Place (CSP or HECS) | | | | | |

*Successful applicants are required to pay course fees or student contribution/HECS direct to university by the due date or defer payment by taking out a FEE-HELP or HECS-HELP loan.*

*Full fee paying students must provide a University Tax Invoice with details of payment/loan amounts. Successful applicants are required to provide evidence of enrolment.*

**Other sources of funding sought for this study**

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| Fees payment method for 2020 | | 🞎 Upfront payment to university 🞎 FEE-HELP Loan  🞎 HECS-HELP 🞎 Combination | | |
| Have you been awarded a scholarship, grant or professional development funds from **another source** for this course?  *E.g. Employer, Professional body etc.**Exclude loans from your employer/ other bodies that you are required to repay.* | | | * Yes * No * Applied but not yet confirmed if successful | |
| Amount | **$** | | Name funding source |  |
| Have you received a scholarship or funding from the Department of Health/Department of Human Services in the past? | | | | * Yes * No |

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| Details of relevant education / clinical background | | | |
| ***Provide details of the relevant POST REGISTRATION education you have completed or is in progress*** | | | |
| **Year of course completion** | **Name of course/program of study** | **Institution/education provider** | **Additional comments** |
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| ***Provide brief details of RELEVANT professional experience that demonstrates your career trajectory.*** | | | | |
| **Dates** | **Description of clinical/professional experience** | | **Additional comments** | |
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| Commitment to area of practice   |  | | --- | | Provide a description of your commitment to the specialty area of nursing / midwifery practice for which the scholarship is sought. (Include information about professional memberships, research activities, consumer-centred care, team work, self-directed learning in the area of specialty, continuing professional development, life-long learning, journal subscriptions, or a statement about how your qualification in this specialty will assist your intended career path.) | |  | | Provide evidence of your intent to work in the area of study for the equivalent of one year full-time on your completion of your course as per scholarship guidelines. | |  |  Mandatory section for applicants seeking support to complete a Master of Nurse Practitioner (or course of study at masters level leading to AHPRA endorsement as a Nurse Practitioner) | | | | |
| Have you been appointed into an advanced practice role with access to supervision and mentorship? | | * Yes – If yes, when were you appointed * No, but currently being discussed * Have not had any discussions with my employer/DON | | |
| Are there other Nurse Practitioner (and/or NP Candidates) in your organisation? | | | | * Yes * No * Don’t know |
| When are you expecting to apply for endorsement by the Nursing and Midwifery Board of Australia? | | | | (Year) |

*This checklist will help you to determine your organisations readiness to support your progression towards endorsement as a Nurse Practitioner. If you answer NO to any of these questions it would be advisable to seek an opportunity to discuss your study plans with a member of your nursing executive before progressing this application.*

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|  | YES | NO |
| Is your area of practice a key part of your organisation’s current strategic direction or service plan? |  |  |
| Will there be (or are there plans to develop) a NP position available to you following your endorsement by the Nursing Midwifery Board of Australia? |  |  |
| Will the organisation facilitate your use of current EBA entitlements to ensure timely completion of this course? *(Professional development leave, study leave, exam leave, and postgraduate study leave)?* |  |  |
| Are there existing processes for the implementation and maintenance of NP roles in your organisation? *(E.g. position descriptions for NP & Candidates, NP steering committee or Practice Committee)?* |  |  |
| Are there processes & resources identified to support the change management activities to implement a sustainable model of care suitable to your scope of practice? (*e.g. redesign care processes, clinical/corporate governance structures, stakeholder engagement)* |  |  |
| Are there processes to provide clinical and professional mentorship/supervision for this and other advanced practice roles in your organisation? *(The provision of mentorship, additional time allocated for supervised clinical practice, internship programs, backfill arrangements for Nurse Practitioner Candidate and / or clinical mentor)* |  |  |
| Is there understanding and commitment to this advanced and extended nursing role and service development from key clinical stakeholders in the area of practice/clinical service? (*This includes support from relevant heads of Nursing, Medicine, Pharmacy, Radiology, Pathology)* |  |  |
| Will your organisation provide other in-kind contribution/organisational supports to your course completion and preparation as a NP?(E.g.: additional non-clinical time, education resources, facilitation of travel) |  |  |
| Has your organisation developed a business case for the recruitment of an endorsed NP or candidate making the transition to that role (If not the department have developed a useful template). |  |  |

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| To the best of my knowledge the information I have provided is true and correct. I have read the *Postgraduate Nursing and Midwifery Scholarship Guidelines* and agree to the 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. | | |
| **Applicant’s Name:** | **Signature:** | ***Date:***  / / 2020 |
| To the best of my knowledge the information provided is true and correct.  **If the applicant is a Registered Nurse commencing a Master of Nurse Practitioner:**  Your organisation has identified an area of need that could be addressed by a NP model of care in the applicant’s area of practice and is ready to support their clinical and professional supervision and mentorship requirements in an advanced practice role that will prepare them for AHPRA endorsement as a Nurse Practitioner. | | |
| **Executive Support / Director of Nursing/Midwifery \*\***  **Name and Title:** | **Signature:** | ***Date:***  / / 2020 |
| **Email address:**  **(Please Print)** | ***Phone:*** | ***Alt Phone:*** |

**\*\* Nurse/Midwife Executive support is mandatory.**

While your Nurse Unit Managers support is valued, their sign-off is not sufficient.

***Please submit this application form or direct any enquiries you have to the Centre for Education at:* WHS-CEAdmin@wh.org.au**



**Department of Health and Human Services**

**Scholarship Checklist**

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| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Contact No** |  |

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| --- | --- | --- |
|  | | ***Please tick*** |
| 1. | DHHS Postgraduate Nursing & Midwifery Scholarship Program Application form |  |
| 2. | Covering letter |  |
| 3. | Current CV |  |
| 4. | Nomination of 2 referees |  |
| 5. | Current practicing certificate |  |
| 6. | Letter of offer/evidence of enrolment |  |
| 7. | Copy of university fees |  |
| 8. | Performance appraisal |  |

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| Have you previously received a WH scholarship? |  |
| Have you previously received a DHHS scholarship? |  |
| If yes, provide details/date: |  |