Postgraduate Nursing and Midwifery Scholarships are funded by Department of Health and Human Services.

Scholarship applicants please note: You must submit your application to your health service. If you wish to apply, please contact your education area or Director of Nursing.

Closing date: *(Health service to insert local date here)*

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

**To maximise your opportunity to obtain a scholarship, it is suggested that you read the *Postgraduate Nursing and Midwifery scholarship program* guidelines thoroughly.**

Application submission

These should be marked CONFIDENTIAL and addressed to:

Email: *(Health service to insert local details here)*

Scholarship inquiries:

*(Health service to insert local details here)*

Privacy statement

**Please note**: De-identified details from your application will be provided to the Department of Health and Human Services. *(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.

**Income Tax**

The Department is not required to withhold tax (PAYG) from scholarships paid. 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 Australian Taxation Office (ATO) website: <https://www.ato.gov.au/Calculators-and-tools/Income-tax-estimator/>
* 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 of their scholarship payments.

For more information visit the Nursing and Midwifery Workforce website: <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery>

**Applicant details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Family Name** | | |  | | | | | | | | | | | | | |
| **Given name/s** |  | | | | | | | | | | | | | | | | | |
| **Residential address** |  | | | | | | | | | | | | | | | | | |
| **Suburb** |  | | | | | **State** | |  | **Postcode** | | | |  | | | | | |
| **Postal address**  **(If different than above)** |  | | | | | | | | | | | | | | | | | |
| **Contact details** | **Work** |  | | | | **Home** | |  | | **Mobile** | | |  | | | | | |
| **e-mail** |  | | | | | | | | | | | | | | | | | |
| **Are you an Australian or New Zealand citizen or permanent resident? *(please tick ✓)*** | | | | | | | | | | **Yes** |  | | | **No** | |  | | |
| **Are you of Aboriginal or Torres Strait Islander origin? *(please tick ✓)*** | | | | | | | | | | **Yes** |  | | | **No** | |  | | |
| **Nursing and Midwifery Board of Australia registration number** | | | |  | | | | | | **Registration expiry date** | | | |  | | | | |
| **Division of the register?** | | | **Registered nurse** |  | | | | | | **Registered midwife** | | | |  | | | | | |
| ***Successful applicants are required to provide a copy of their current Nursing or Midwifery registration certificate*** | | | | | | | | | | | | | | | | | | |
| **Have you received a scholarship or funding from the Department of Health and Human Services in the past? *(please tick ✓)*** | | | | | | | | | | | | **Yes** | | |  | | **No** |  |
| **If yes, health services must contact Nursing & Midwifery Workforce to ensure eligibility** | | | | | | | | | | | | | | | | | | |
| **If your name and address were different than that stated above at the time of payment, please record these details here.** | | | | | | |  | | | | | | | | | | | |

**Employment details during course - 2017**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position** |  | | | | | | | |
| **Area of practice** |  | | | | | | | |
| **Plan of employment** (eg oncology to midwifery) |  | | | | | | | |
| **Employer** (if regional) |  | | | | | | | |
| **Name and title of employer contact person *(e.g. NUM/DON)*** |  | | | | | | | |
| **Campus** |  | | | | | | | |
| **Employment status** | **Full time** |  | **Part time** |  |
| **Is your employment for 2017 confirmed?** | | | | | **Yes** |  | **No** |  |
| **Is your employer/ manager aware that you are undertaking a course with a supervised clinical component? (*please tick ✓)*** | | | | | **Yes** |  | **No** |  |
| **If not, provide explanation:** |  | | | | | | | |

**Course details for Semester one 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of course** | |  | | | | | | | | | | | | |
| **Name of tertiary institution (including campus)** | |  | | | | | | | | | | | | |
| **Course commencement date** | | **/ /** | | | **Course completion date** | | | | | **/ /** | | | | |
| **What qualification level will you attain with this funding?** Please tick award qualification (exit point) at completion of studies. | | **Graduate Certificate** | |  | | | **Graduate Diploma** | | | | |  | |
| **Is your study part-time or full time in semester one 2017?***(please tick ✓)* | | | **Part time** |  | | | **Full time** | | | | |  | | |
| **Course place** *(please tick ✓)* | | | **Full-Fee Paying** |  | | | **Commonwealth Supported Place (CSP or HECS)** | | | | |  | | |
| **Fees payment method for semester one 2017** *(please tick ✓)* | | | **Upfront payment to the university** |  | | | **FEE-HELP Loan** | | | | |  | | |
| **HECS-HELP** |  | | | **Combination** | | | | |  | | |
| Successful applicants will be required to pay course fees or student contribution/HECS direct to the university by the due date or defer payment by taking out a FEE-HELP or HECS-HELP loan.  Successful applicants who are full-fee paying students will need to provide a university tax invoice with details of payment/loan amounts. Successful applicants are required to provide evidence of enrolment. | | | | | | | | | | | | | | |
| **Provide details below of other professional development assistance sought** | | | | | | | | | | | | | | |
| **Have you been awarded a scholarship, grant or professional development funding from another source for this course?** *(please tick ✓)* *Exclude loans from your employer or other bodies that you are required to repay.* | | | | | | | | **Yes** |  | | **No** | |  | |
| **Name of Source** |  | | | | | **Amount** | | **$** | | | | | | |

**Relevant education and clinical history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Briefly describe details of relevant post-secondary education 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** | | |
|  | |  | | |

**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 intention to continue working in the area of clinical nursing / midwifery practice.** |
|  |

**To the best of my knowledge the information I have provided is true and correct. I have read the *Postgraduate Nursing & Midwifery Scholarship* Guidelines and agree to abide by the criteria for applicants and conditions set out in the section *Scholarship recipient acceptance rules* (page five of the guidelines). I understand that scholarships are allocated at the discretion of the selection panel and that the decision of the panel is final.**

|  |  |  |
| --- | --- | --- |
| **Applicant Name:** | **Signature:** | **Date:**  / /2017 |

***Please submit this application form to your health service’s education area or Director of Nursing.***