**MAVIS MITCHELL MEMORIAL SCHOLARSHIP**

Application Guidelines

#### **Purpose**

The Mavis Mitchell Memorial Scholarship is an award or scholarship granted to Registered Nurses and/or Midwives, who are employed within Western Health. Applications will be accepted by individuals or a team.

#### **The Award**

The intent of the scholarship is to provide funding to:

* Enable and assist eligible Registered Nurses/Midwives to undertake a service improvement/quality project or research in any activity approved by the Selection Committee. The project or research must be beneficial to our clients, or to the community served by Western Health, in the opinion of the Selection Committee. This project or research can be by an individual or group.

#### **History of the Fund**

The Scholarship honours the memory of Mavis J Mitchell who was the first Matron of Western Hospital. The Mavis J Mitchell Memorial Scholarship was established 2nd June 1990 by Western Hospital and the Western Hospital Graduate Nurses’ Association in the memory of Mavis J Mitchell, for the purpose of providing financial assistance for continuing education for nurses employed by the hospital or for the benefit of the community that is serviced by Western Health. The intent of this fund is now aimed at supporting early researchers and service improvements across Western Health.

#### **Criteria**

Any recipient of the scholarship or grant must:

* Be a Registered Nurse/Midwife employed within Western Health
* Have demonstrated a high level of achievement in their role
* Be recommended by their line manager or department head
* Completed two (2) years of continuous service at Western Health
* Remain in the organisation for a period of two (2) years post receipt of award

#### **Administration of the Award**

The amount (up to $5000), and frequency of the scholarships will be determined by the Selection Committee, which recommends such awards, and their amounts, to the Executive Director of Nursing & Midwifery. The Director of Education & Learning disburses the scholarships or awards according to the recommendations of the Selection Committee.

#### **Applications for the Award**

* Please complete *Mavis Mitchell Memorial Scholarships Application Form*.
* Applications to be accompanied by a letter of recommendation from your line manager.

#### **Award Recipient - Requirements**

In previous years, the applicants present their application at the annual *Research and Best Care Conference*. Unfortunately, this conference will not be taking place this year due to the COVID-19 pandemic. Due to this change the applicants will present their applications to the Western Health Selection Committee in November 2020.

The successful recipient will be required to provide a six monthly report on project activity/progress and expenses incurred to the EDON and/or Director of Education & Learning.

*This will include:* Formal report on current activities and its benefit to the department, invoices/costs associated with the project.

**MAVIS MITCHELL MEMORIAL**

**SCHOLARSHIP 2020**

Application Form

|  |
| --- |
| **INSTRUCTIONS** |
| 1. Please write in BLUE or BLACK pen using BLOCK LETTERS. |
| 2. Include a set of supporting documents with this application as per *Documentation Checklist.* |
| 3. Please read everything carefully. If you have queries, please do not hesitate to contact the Centre for Education. |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Personal Details** | | | | | | | |
| Title:  (Mr/Mrs/Miss/Ms etc) |  | | | | | |  |
| First Name: |  | | | | | |  |
| Surname: |  | | | | | |  |
| Address: |  | | | | | |  |
|  |  |  |  | |  |  |  |
| Tel (AH): |  | Tel (BH): |  | Mobile: | | |  |
| Qualifications: |  |  |  |  | |  |  |
| Position: |  | Ward/Dept: |  | Campus: | | |  |
|  |  |  |  |  | |  |  |

|  |  |
| --- | --- |
| **2. Western Health Employment History** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **3. Proposal** (1000-1500 words – **provide as an attachment to this application**) |
| 1. Title of proposal 2. Aim/Purpose 3. Thorough overview/description of project, outcomes and benefits, including significance, particularly to patient care, nursing practice, responsibilities and/or ethics 4. Proposed budget including expenses incurred 5. Timeline for achievement of project 6. Letter of recommendation from your Line Manager |
|  |

|  |
| --- |
| **4. Signature**   **Date:       /       / 2020** |

|  |
| --- |
| **5. Documentation Checklist:**  Recommendation from line manager (including their contact details) |

|  |
| --- |
| **Application closing date: Friday 23rd October 2020**  Applicants will be contacted by mail and an interview may be offered to selected applicants if further information is required by the Selection Committee.  **Please send your application to:**  Scholarships Registrar  *Education & Learning*  Footscray Hospital  160 Gordon Street  Footscray VIC 3011 |