## **Recommendation from Director of Nursing &/or Director of Midwifery**

A recommendation supporting your application for an ACT Health Nursing and Midwifery Scholarship is to be obtained from your Director of Nursing and/or Midwifery.

Please complete the details below and forward this form to your Director of Nursing and/or Midwifery to seek endorsement for your scholarship application.

|  |  |
| --- | --- |
| Applicant’s Name |  |
| Current Position & Designation |  |
| Proposed Course |  |
| Education Provider |  |

## **Recommendation: Director of Nursing &/or Director of Midwifery**

I confirm that, I support the application for an ACT Health Nursing and Midwifery Scholarship for, (*insert name of applicant here*).

To the best of my knowledge, I agree that the applicant meets the eligibility criteria for scholarship.

I can further confirm that the applicant is not subject to any notification, restriction/limitation to practice, under investigation, disciplinary process or undergoing performance management.

|  |  |
| --- | --- |
| **DON&M** |  |
| ***Signature*** |  |
| **Date** |  |
| ***Please return this completed form to the applicant for submission with their online application*** |