# Nursing and Midwifery Travel Scholarship Scheme

# Application Form

## Applications are to be submitted electronically via email to:

## [N-MScholarships@act.gov.au](mailto:N-MScholarships@act.gov.au)

**Contact**:

Nursing & Midwifery Scholarship Scheme

Nursing & Midwifery Office

Level 3, Building 6

Canberra Hospital

PO Box 11

Woden ACT 2606

Telephone: (02) 6174 7058

Email: [N-MScholarships@act.gov.au](mailto:N-MScholarships@act.gov.au)

## Criterion 1: Applicant Details

|  |  |
| --- | --- |
| Title |  |
| Family Name |  |
| Given Name |  |
|  | |
| **Home** Contact Details |  |
| Postal address |  |
| Telephone |  |
| Mobile |  |
| Email |  |
|  | |
| **Work** Contact Details |  |
| Postal address |  |
| Telephone |  |
| Mobile |  |
| Email |  |
|  | |

## Criterion 2: Registration with the Nursing & Midwifery Board of Australia (NMBA)

|  |  |  |
| --- | --- | --- |
| My NMBA Registration Number is: |  | |
| A copy of my current unconditional  NMBA practicing certificate is attached | Yes | No |

## Criterion 3: Details of Employment

|  |  |  |
| --- | --- | --- |
| Current position |  | |
| Current area of practice/work unit  (*Attach a current payslip*) |  | |
| Length of time in current position  (*eligibility criterion: three [3] years*) |  | |
| Length of post registration experience |  | |
| Time employed by ACT Health  (*eligibility criteria: minimum employment of five [5] years*) |  | |
| Employment status:  (*Attach a copy of your contract if you are employed on a casual or fixed term basis*) | Permanent: F/T or P/T | Hours |
| Casual: F/T or P/T | Hours |
| Fixed term contract: : F/T or P/T | Hours |

## Criterion 4: Conference Details

|  |  |
| --- | --- |
| Conference Title |  |
| Venue & full address for conference |  |
|  |
| Conference dates |  |
| Abstract Title for Paper Presentation or Poster Presentation |  |
| Authors of the abstract |  |

## Criterion 5: Conference Benefit

5.1 Briefly describe how participation at your conference will be of direct benefit to your current practice and work environment.

# Applicants for travel scholarships are asked to their present conference papers/posters to colleagues and highlight experiences arising from the conference. The forum for presentations will be at a monthly meeting in the auditorium hosted by Synergy: the Research Centre for Nursing and Midwifery Practice

## Criterion 6: Details of financial assistance sought

Please itemise below the cost to attend the conference and the assistance sought and include documentary evidence of the expenditure to be incurred.

|  |  |  |
| --- | --- | --- |
| Expenditure incurred | Dates | $ |
| Conference registration |  | $ |
| Airfares &  transportation costs |  | $ |
| Accommodation |  | $ |
|  | | |
| **TOTAL EXPENSES REQUESTED**: | | $ |

## Criterion 7: Previous funding for travel

|  |  |  |
| --- | --- | --- |
| Have you received a travel scholarship from ACT Health  within the last five (5) years? (*please circle*) | Yes | No |
| If you answered **yes** –please respond to the following: | | |
| What was the purpose of the scholarship? |  | |
| What year did you receive the scholarship? |  | |
| What was the amount awarded? | $ | |

## Criterion 8 – Reference 1: Supervisor recommendation

Recommendations supporting your proposed travel scholarship are to be obtained from two (2) referees that include:

*Nursing or Midwifery Manager, CNC or CMC of the ward/unit/department/centre in which you are currently working or your ADON, ADOM or Director of Nursing and/or Director of Midwifery*.

|  |  |
| --- | --- |
| Applicant’s Name |  |
| Current Position & Designation |  |
| Conference |  |
| Dates of conference |  |

**SUPERVISOR’S COMMENTS AND RECOMMENDATION**

|  |  |  |
| --- | --- | --- |
| As the supervisor for the applicant above, this scholarship application to attend the nominated conference, is supported | Yes | No |
| Comments (*optional*) | | |
| If the application is not supported please comment: | | |

|  |  |
| --- | --- |
| Supervisor’s Name |  |
| Position |  |
| *Signature* |  |
| Phone contact |  |
| Email |  |
| Date |  |

## Criterion 8 – Reference 2

Recommendations supporting your proposed travel scholarship are to be obtained from two (2) referees that include:

*Nursing or Midwifery Manager, CNC or CMC of the ward/unit/department/centre in which you are currently working or your ADON, ADOM or Director of Nursing and/or Director of Midwifery.*

|  |  |
| --- | --- |
| Applicant’s Name |  |
| Current Position & Designation |  |
| Conference |  |
| Dates of conference |  |

**8.2. REFEREE’S COMMENTS AND RECOMMENDATIONS**

|  |  |  |
| --- | --- | --- |
| As referee for the applicant above, this scholarship application to attend the nominated conference, is supported | Yes | No |
| Comments (*optional*) | | |
| If the application is not supported please comment: | | |

|  |  |
| --- | --- |
| Referee’s Name |  |
| Position |  |
| *Signature* |  |
| Phone contact |  |
| Email |  |
| Date |  |

## Criterion 9: Declaration

To the best of my knowledge the information I have provided in this application is true and correct.

I have read the Guidelines for Travel Scholarships awarded through the ACT Health Nursing and Midwifery Scholarship Scheme and agree to abide by the terms and conditions for successful applicants.

I understand that scholarships are allocated at the discretion of ACT Health and that the decision of the review panel is final.

|  |  |
| --- | --- |
| **Applicants Name** |  |
| **Signature**  [*an electronic signature is acceptable*] |  |
| **Date** |  |

## Criterion 10: Applicant checklist

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Yes** | **No** |
| My application form is complete |  |  |
| A copy of my current NMBA unconditional practicing certificate is attached [**Criterion 2**] |  |  |
| A current copy of my payslip confirming employment with ACT Health and my current designation is attached [**Criterion 3**] |  |  |
| A copy of the letter confirming acceptance of the abstract for presentation at the conference is attached [**Criterion4**] |  |  |
| An outline of the conference expenditure is attached [**Criterion 6**] |  |  |
| My two (2) supervisor’s recommendation are attached [**Criterion 8**] |  |  |
| My declaration is signed [**Criterion 9**] |  |  |

***Please Note:***

Applications that are incomplete and do not include all required documentation will not be considered.

It is the applicant’s responsibility to ensure all documentation is complete and attached.