**ACT Health Aboriginal and Torres Strait Islander**

**Enrolled Nursing Scholarship**

**Application Form**

***Applications for an******Aboriginal and Torres Strait Islander***

***Enrolled Nursing Scholarship are welcome at all times by ACT Health***

Applicants are encouraged to submit applications electronically

If electronic submission is not possible,

applications (marked CONFIDENTIAL) may be sent by mail to:

ACT Health Nursing & Midwifery Scholarship Team

Nursing & Midwifery Office

PO Box 11

Woden ACT 2606

Contacts:

Telephone: 5124 4978 and 5124 8310

Email: N-MScholarships@act.gov.au

**Criterion 1 - Applicant details**

|  |  |
| --- | --- |
| **Family Name:** |  |
| **Given Name:** |  |
|  |  |
| **Home Contact Details** |
| **Postal Address:** |  |
| **Telephone/Mobile** |  |
| **Email:** |  |

Can you confirm you are Aboriginal or Torres Strait Islander? **YES / NO**

**Please attach evidence that you of are Aboriginal or Torres Strait Islander descent.**

**Please attach a copy of your letter of acceptance into Diploma of Nursing HLT 5411**

**Will you be studying full-time/ part-time**

**Have you applied for a scholarship or professional development funding from another source? YES / NO**

* If yes, what is the name of the funding source?
* How much funding was sought?
* Have you been successful Yes/No
* **Criterion 2 – Employment Details**
* Are you currently employed? **YES/NO**

Current position:

Length of time in current position (years/months):

Employment status (permanent/ casual/ fixed term contract):

Employment hours (full-time/ part-time):

**Criterion 3 – Statement of commitment**

**Tell us why you want to be a nurse and how the scholarship will help you** (1/2 Page)

**Criterion 4– Recommendation**

**Professional Recommendation: Could include a refence from someone you have worked with or a teacher**

I am pleased to provide this reference for (Please print), who has applied to ACT Health for financial assistance in order to undertake the following course:

**Course:** Diploma of Nursing [HLT 54115]

**Education provider**: Canberra Institute of Technology

**REFEREE’S COMMENTS AND RECOMMENDATIONS:**

I support this applicant for scholarship funding.

 Yes

 No

If funding is not supported please comment:

**Referee’s name:**

**Signature:**

**Position:**

**Relationship:**

**Address:**

**Contact phone:**

**Contact email:**

**Criterion 5 - Declaration**

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

I have read the Aboriginal and Torres Strait Islander Enrolled Nursing Scholarship Guidelines and Information for Applicants and agree to abide by the criteria for applicants and conditions for successful applicants. I understand that scholarships are allocated at the discretion of ACT Health and that the decision is final.

**Applicant name:**

**Signature:**

**Date:**

**Check list for submission of application**

|  |  |  |
| --- | --- | --- |
| **Check list item** | **Yes [✓]** | **No [x]** |
| Application form is completed |  |  |
| Confirmation of Aboriginal & Torres Strait Islander Descent is attached |  |  |
| Letter of offer of acceptance into course from CIT is attached |  |  |
| Professional recommendations attached |  |  |

**Please Note:**

**Incomplete applications will not be considered.**

**It is the responsibility of the applicant to ensure all documentation is attached.**