

Department of Health and Human Services Postgraduate Nursing and Midwifery Scholarship Application Template 2020

HUME Region Application Form

Hume Region Scholarship applicants please note: You must submit your application to Northeast Health Wangaratta (fundholder for the Hume Region) via the email address below. Please also advise your health service's Education Unit or Director of Nursing and Midwifery.

Closing date: Friday 31 January 2020 at 5.00pm

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

To maximise your opportunity to gain a scholarship, it is suggested you thoroughly read information pertaining to the Postgraduate Nursing and Midwifery Scholarship Program, which is published in the *Training and Development Funding 2019-20 Program Guidelines*.

Application submission:

These should be marked CONFIDENTIAL and addressed to:

Email: kris.cirulis@nhw.org.au

Scholarship enquiries:

Kris Cirulis
Nursing Administration
Northeast Health Wangaratta
T: 03 5722 5454
E: kris.cirulis@nhw.org.au

Privacy statement

De-identified details from your application will be provided to the Department of Health and Human Services (the department). **Northeast Health Wangaratta** 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. You can view the Department of Health and Human Services Privacy Policy at <http://www.health.vic.gov.au/privstat.htm>.

Income tax implications

The department is not required to withhold tax (PAYG) from scholarships, as recipients require full pay for school fees. Not withholding tax does not mean scholarship is income tax exempt. If your scholarship is taxable, you will receive a payment summary that includes the amount of scholarship received from scholarship providers.

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 ATO website: <https://www.ato.gov.au/Calculators-and-tools/Is-my-scholarship-taxable/>.
- 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 to their scholarship payments.

Applicant details

Title		Family Name		Given Name/s	
Residential Address					
Suburb		State		Postcode	
Postal Address (If different than above)					
Work Phone		Home or Mobile			
Preferred E-Mail (please print)					
Are you an Australian or New Zealand citizen or permanent resident?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If not is this pending?					
Are you of Aboriginal or Torres Strait Islander origin? <i>(Optional)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
AHPRA Registration Number (Mandatory)					
Registration Division	<input type="checkbox"/> Registered nurse		<input type="checkbox"/> Registered midwife		
Have you received a scholarship or funding from the Department of Health and Human Services in the past?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, health services must contact the department to ensure eligibility at the following email: vicworkforce@dhhs.vic.gov.au					
If your name and address were different than stated above at the time of payment, please record these details here.					

Employment details during course of study – 2020

Name of Employer					
Position/Job title		Grade/ Classification			
Area of practice		Location/ Campus			
Employment status	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time		<input type="checkbox"/> Casual/Bank
			FTE		
Name & Title of Employer contact person <i>(e.g. Nurse Unit Manager or Nursing/Midwifery Executive)</i>					
Is your employment for 2020 confirmed?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is your employer/manager aware that you are undertaking a course with a supervised clinical component?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If not, provide explanation:					

Provide brief details of RELEVANT professional experience that demonstrates your career trajectory.

Dates	Description of clinical/professional experience	Additional comments

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 intent to work in the area of study for the equivalent of one year full-time on your completion of your course as per scholarship guidelines.

Mandatory section for applicants seeking support to complete a Master of Nurse Practitioner (or course of study at masters level leading to AHPRA endorsement as a Nurse Practitioner)

Have you been appointed into an advanced practice role with access to supervision and mentorship?	<input type="checkbox"/> Yes – If yes, when were you appointed <input type="checkbox"/> No, but currently being discussed <input type="checkbox"/> Have not had any discussions with my employer/DON
Are there other Nurse Practitioner (and/or NP Candidates) in your organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
When are you expecting to apply for endorsement by the Nursing and Midwifery Board of Australia?	(Year)

This checklist will help you to determine your organisations readiness to support your progression towards endorsement as a Nurse Practitioner. If you answer NO to any of these questions it would be advisable to seek an opportunity to discuss your study plans with a member of your nursing executive before progressing this application.

	YES	NO
Is your area of practice a key part of your organisation's current strategic direction or service plan?		
Will there be (or are there plans to develop) a NP position available to you following your endorsement by the Nursing Midwifery Board of Australia?		
Will the organisation facilitate your use of current EBA entitlements to ensure timely completion of this course? (<i>Professional development leave, study leave, exam leave, and postgraduate study leave</i>)?		
Are there existing processes for the implementation and maintenance of NP roles in your organisation? (<i>E.g. position descriptions for NP & Candidates, NP steering committee or Practice Committee</i>)?		
Are there processes & resources identified to support the change management activities to implement a sustainable model of care suitable to your scope of practice? (<i>e.g. redesign care processes, clinical/corporate governance structures, stakeholder engagement</i>)		
Are there processes to provide clinical and professional mentorship/supervision for this and other advanced practice roles in your organisation? (<i>The provision of mentorship, additional time allocated for supervised clinical practice, internship programs, backfill arrangements for Nurse Practitioner Candidate and / or clinical mentor</i>)		
Is there understanding and commitment to this advanced and extended nursing role and service development from key clinical stakeholders in the area of practice/clinical service? (<i>This includes support from relevant heads of Nursing, Medicine, Pharmacy, Radiology, Pathology</i>)		
Will your organisation provide other in-kind contribution/organisational supports to your course completion and preparation as a NP? (<i>E.g.: additional non-clinical time, education resources, facilitation of travel</i>)		
Has your organisation developed a business case for the recruitment of an endorsed NP or candidate making the transition to that role (<i>If not the department have developed a useful template</i>)		

To the best of my knowledge the information I have provided is true and correct. I have read relevant sections of the *Training and Development Funding 2019-20 Program Guidelines* and agree to the conditions for successful applicants. I understand that scholarships are allocated at the discretion of the selection panel and that the decision of the panel is final.

Applicant's Name:

Signature:

Date:

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

If the applicant is a Registered Nurse commencing a Master of Nurse Practitioner:

Your organisation has identified an area of need that could be addressed by a NP model of care in the applicant's area of practice and is ready to support their clinical and professional supervision and mentorship requirements in an advanced practice role that will prepare them for AHPRA endorsement as a Nurse Practitioner.

**Executive Support / Director of Nursing/Midwifery **
Name and Title:**

Signature:

Date:

/ / 20__

**Email address:
(Please Print)**

Phone:

Alt Phone:

**** Nurse/Midwife Executive support is mandatory.**

While your Nurse Unit Managers support is valued, their sign-off is not sufficient.

Please email this application form by the closing date to kris.cirulis@nhw.org.au with copy to your health service's Education Unit and/or Director of Nursing and Midwifery.

Please contact your Education Unit or Director of Nursing and Midwifery if you have any queries.