

## 1. APPLICANT DETAILS

Name

NSWNMA member no.  Date joined

Email

Phone 1.  2.

Mailing address

Postcode

## 2. WORKPLACE DETAILS

Registered Nurse  Enrolled Nurse

Current position title

Current Workplace/s (If not working, list most recent workplace)

1.

2.

## 3. SCHOLARSHIP REQUEST

Course name

Institution / Course Provider

Expected commencement date  Expected completion date

Scholarship Category (1 or 2)  Category 1  Category 2 Amount requested \$

## 4. DECLARATION OF OTHER FINANCIAL SUPPORT

Have you applied for, or received, financial support for this course from another source?  Yes  No  
If YES please provide details: the amount, the terms and the source of funding.

Have you received a scholarship from this or any other organisation in the past three (3) years?  Yes  No  
If YES please give details including amount and year awarded.

## 5. ACADEMIC RECORD

(eg: diploma / degree / post graduate)

Qualification Obtained	Name of Institution	Date of Graduation

## 6. PERSONAL STATEMENT

Your statements assist us to assess your application against others. Please be specific in your response. Please state:

### Why you want to apply

### What benefits you will gain from a scholarship and from the course

### How you will use the learning in your work in aged care

## 7. BUDGET DETAILS

Name of course

Scholarship Category (1 or 2)  Category 1  Category 2

<p>a) Registration fees for course/University for the academic year. (Do not include student union fees)</p>	<p>\$</p>
<p>b) Specify cost per subject/unit (Indicate numbers of subjects being undertaken in the academic year)</p>	<p>\$</p>
<p>c) Travel costs directly relating to the course if applicable (Please specify and give details)</p>	<p>\$</p>
<p>d) Accommodation costs if relevant to the course (Please specify and give details)</p>	<p>\$</p>
<p>e) Any other costs considered relevant</p>	<p>\$</p>
<p><b>TOTAL BUDGET REQUESTED</b> In the case of a research proposal, please ensure all costs are specifically itemised.</p>	<p>\$</p>

## 8. REFERENCES

You must attach two (2) written and signed references with this application supporting your request. Professional references must come from someone who can comment on you and your work (e.g. manager, educator). References should outline the applicants capacity to undertake the proposed course or study and state what advantage the proposed course or study would be to the applicant, the nursing profession and aged care.

Name  Position Title

Place of work

Relationship to applicant

Email  Phone

Name  Position Title

Place of work

Relationship to applicant

Email  Phone

## 9. COMMENTS

Any other comments you wish to add to your application?

Please also attach any supporting documentation relating to your application such as course/ conference details.

## 10. DECLARATION

Your signature indicates that

- » you have read and agree with the OPWC Aged Care Scholarships Terms;
- » you are a permanent Australian citizen / permanent resident;
- » you have provided information that is true and correct;
- » you give permission for the Selection Committee to contact your nominated referees if required;
- » you have attached 2 written and scanned references supporting your application.

Signature

Date