



# The Edith Cavell Trust

## APPLICATION SUMMARY FORM

Name .....

NSWNMA Membership No ..... Date Joined .....

Scholarship Request (proposed course, conference or study program, including the facility/venue):

.....

Expected commencement date: .....

Expected completion date: .....

Category applied for: .....

Amount Requested (provide full details on "Budget Details" form): \$ .....

Completed applications must be received by the Edith Cavell Trust  
Scholarship Committee by 5pm, 31 July in the year of application.

**ALL APPLICATIONS TO BE LEGIBLE**

OFFICE USE ONLY

Date of Receipt: .....

Confirmation of Receipt: .....

☐ Successful

☐ Unsuccessful



# The Edith Cavell Trust

## APPLICATION SUMMARY FORM

Surname ..... Other Names .....

Address .....

..... Suburb ..... Postcode .....

Telephone No (W) ..... (H) .....

(Mobile) ..... Email .....

Employer: .....

Present Employment Classification eg. RN, Midwife, CNS, EN, AiN etc. ....

Total Length of Service as a Registered Nurse, Enrolled Nurse, Midwife or AiN in NSW/ACT

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 awarding organisation, amount awarded,  
year awarded and what course or conference the scholarship was for

Have you applied for financial assistance from any other source, for the purpose of this study/project/  
conference? ☐ Yes ☐ No

If yes, please give details of the organisation you applied to and when:

Qualifications: eg. Basic, Post Basic, Undergraduate, Postgraduate, others and where undertaken.

Award/Title	Institution	Year Awarded

Employment History (including Dates of Appointment):

Position Held	Employer	Dates

State concisely your reasons for applying for a scholarship, the nature and scope of your study project/conference attendance/course of study and its value to you in your work/career.

---

Outline how the knowledge you gain will contribute to your nursing/midwifery practice and the nursing/midwifery profession.

# BUDGET DETAILS

Name of Course/Study: .....

Scholarship Category: .....

a) Registration fees for Conference/Study tour/University for the academic year. \$

b) Specify cost per subject/unit \$  
Indicate numbers of subjects being undertaken in the academic year:

c) Travel costs for Conference/Seminar or Clinical Placement \$  
(Please specify and give details):

d) Accommodation costs if relevant (please specify and give details): \$

e) Any other costs considered relevant: \$

In the case of a research proposal, please ensure all costs are specifically itemised.

# REFEREES

You must attach **two written and signed nursing/midwifery statements of support** with this application. They must be from:

- ★ Senior member of the nursing or midwifery profession
- ★ Manager/Director of Nursing or Midwifery
- ★ Nursing or Midwifery Clinical/Academic (Lecturer).

For more information on the requirements of the statements of support, please refer to the Edith Cavell Trust Scholarship Rules (page 3).

1.

Name .....

Position .....

Telephone No (W) .....

(Mobile) .....

Email .....

2.

Name .....

Position .....

Telephone No (W) .....

(Mobile) .....

Email .....

## Applicants applying for Category 1

Details of proposed study – attach list showing:

- (a) Course and name of University
- (b) Subjects to be studied
- (c) Date of commencement of studies leading to the award and expected date of completion of academic study.

## Applicants applying for Category 2 (i) or Category 3 (i)

Details of proposed study – attach list showing:

- (a) Course outline or conference program
- (b) Proof of enrolment (where possible)
- (c) Subjects to be studied;
- (d) Relevance of course to nursing or midwifery.

## Applicants applying for Category 2 (ii)

Details of proposed conference or seminar – attach Itinerary showing:

- (a) Departure date;
- (b) Hospital and/or institutions to be visited (if applicable);
- (c) Objects of visits;
- (d) Program of Conference and demonstrate how attendance will be of benefit to you;
- (e) Expected date of return to New South Wales;
- (f) Itemise costs.

## Applicants applying for Category 3 (ii)

Details of proposed research – attach list showing:

- (a) Outline of research proposal – Abstract only;
- (b) Proof of enrolment (where possible);
- (c) Evidence of ethics approval (where applicable);
- (d) Name of academic supervisor.

## Applicants applying for Category 4

Attach list showing:

- (a) Outline of the program stating learning goals and outcomes;
- (b) Method of evaluations;
- (c) Relevance of project to nursing or midwifery.

I am fully aware of the terms of Scholarship and undertake if successful:

- (a) To abide by the rules of the scholarship;
- (b) To complete the Scholarship agreement;
- (c) To return the money or any moneys not used for the purposes of the Scholarship;
- (d) To supply to the Edith Cavell Trust Scholarship Committee a report within 3 months of the completion of my course/conference/study or research program, and to forward, if applicable, my University/College results at the end of the academic year in which the scholarship was awarded, which will become the property of the Trust to publish if it so wishes.

**NB: If your application is successful you will need to provide proof of enrolment/re-enrolment or acceptance into your program, or research project approval prior to any funds being issued.**

- ☐ I confirm that the information supplied is true and accurate.
- ☐ I confirm that I am an Australian permanent resident/citizen.
- ☐ I have attached two (2) written and signed references supporting my application.
- ☐ I have attached a copy of my current 'Authorisation to Practice' (Registration).  
*Applicable to RNs/Midwives and ENs.*
- ☐ I have attached supporting information as requested on page 7 of this application form.
- ☐ I confirm that my scholarship request falls within the academic year 2024

Signature of Applicant: .....

Date: .....

Applications may be submitted by any one of the three methods below:

**Hand/post:**

The Chairperson, the Edith Cavell Trust  
50 O'Dea Avenue, Waterloo NSW 2017

**Fax:**

(02) 9662 1414

**Email:**

edithcavell@nswnma.asn.au

Note: If submitting by post please do not staple your application.