



CTA Funded Nursing Scholarship 2010

APPLICATION FOR POST GRADUATE STUDY SUPPORT

Please return to Nursing & Quality Services (Ward 10) before:

13th NOVEMBER 2009

Your Details & Registration & information for CTA reporting	Name: _____		
	Address: _____		
	Phone: Work - _____	Home - _____	Other - _____
	Email: _____		
	How did you obtain this form? (please tick) <input type="checkbox"/> Website <input type="checkbox"/> Nursing & Quality Services <input type="checkbox"/> Other		
Scope of Practice: _____		Nursing Council Registration Number: _____	
Gender: _____	Ethnicity: _____	Date of Birth: _____	

Your employment	Department / Current Employer: _____		
	Current FTE status OR Hours per fortnight: _____	Clinical Service Area: _____ (eg public health, surgery, elder care etc)	
	Are you a Primary Health or Rural Health Nurse? (circle your answer) Primary Rural Neither		

Your Study this Year	Qualification Sought: _____ (PG Cert, PG Diploma, Masters)		Name of Education Provider: _____		
	Name & Code of Paper(s) for 2010: _____				
	Duration of Course: Circle your answer(s) Semester 1 Feb-Jun	Semester 2 July - Nov	Number of days required to attend university: _____ (Please indicate if this is an estimate)	Start Date(s): _____	Finish Date(s): _____
	Does this paper relate to Primary Health, Rural Health or Long Term Conditions? (Circle your answer) Primary Rural Long Term Condition				

Costs	COST (may have to be based on previous year)	DETAILS / EXPLANATIONS (please indicate which costs are definite and which are estimates)	OFFICE USE ONLY
	Course Fees: _____	Travel Requirements: _____	_____
Travel: _____	Accommodation Requirements: _____	_____	_____
Taxi: _____	Details: _____	_____	_____
Accommodation: _____	_____	_____	_____
TOTAL: _____	_____	_____	_____

CTA Funded Nursing Scholarship 2010 Application for Post Graduate Study Support (cont'd...)

Your Career Plan	<p>Please outline your career plan. Include how this course of study will contribute to the health priorities of Tairawhiti DHB and your future plans.</p>
<p>Applicant Signature: _____ Dated: _____</p>	

Your Qualification plan	Paper name	Completed in past (year):	Planned for 2010:	Planned for: future (year):
This section is to assist NQS with planning future funding.				

Approval	<p>Approved by:</p> <p>_____</p> <p style="text-align: center;">Service Manager</p> <p>_____</p> <p style="text-align: center;">Nursing & Quality Services</p>	<p>_____</p> <p style="text-align: center;">Dated</p> <p>_____</p> <p style="text-align: center;">Dated</p>
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