

Edith Cavell Trust Scholarship

APPLICATION SUMMARY FORM

Name:

NSW Nurses' Association Membership No: Date Joined:

Scholarship Request:

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

.....

.....

Category applied for:

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

**COMPLETED APPLICATIONS MUST BE IN THE HANDS
OF THE EDITH CAVELL TRUST SCHOLARSHIP COMMITTEE BY
31 JULY IN THE YEAR OF APPLICATION**

ALL APPLICATIONS TO BE LEGIBLE



OFFICE USE ONLY

Date of Postage: Date of Receipt:

Edith Cavell Trust Scholarship Application Form

1. Surname: Given Names:

2. Address:

.....Postcode

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

3. Employer:

4. Present Employment Classification eg. RN, CNS, EN etc.

5. Total Length of Service as a Registered Nurse or Enrolled Nurse in NSW/ACT/other:

.....

Please attach a copy of your current 'Authorisation to Practice' (Registration)

6. Have you received a scholarship from this or any other organisation in the past three (3) years.

Yes

No

If yes, please give details

.....

.....

.....

7. 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.

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.....

.....

12. BUDGET DETAILS

Name

Scholarship Category

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

(Do not include student union fees):

\$

b) Specify cost per subject/unit

(Indicate number 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

(Please specify and give details):

\$

e) Any other costs considered relevant:

\$

TOTAL BUDGET REQUESTED

\$

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

13. REFEREES

You must provide **two** written references supporting this application.

References must be from:

A senior member of the nursing profession

eg. Manager/Director of Nursing/Clinician/Academic (Lecturer)

(1) Name:

Position:

Address:.....Telephone.....

(2) Name:

Position:

Address:.....Telephone.....

14. Applicants applying for Category 1

Attach list showing — details of proposed study:

- (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.

15. Applicants applying for Category 2 (i) or Category 3 (i)

Attach list showing — details of proposed study:

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

16. Applicants applying for Category 2 (ii)

Attach itinerary showing— details of proposed conference or seminar:

- (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; and
- (f) Itemised costs.

17. Applicants applying for Category 3 (ii)

Attach list showing — details of proposed study:

- (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,

18. Applicants applying for Category 3 (iii)

Attach list showing:

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

19. 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 a Scholarship agreement;
- (c) To return the money or any moneys not used for the purposes of the Scholarship;

To supply to the Edith Cavell Trust Committee a report within 3 months of the completion of your course/conference/study or research program which will become the property of the Trust to publish if it so wishes; and

- (d) To forward my University/College results at the end of the academic term.

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.*

Signature of Applicant:.....

Date:.....

Please return to:

**The Chairperson
The Edith Cavell Trust Scholarship Committee
PO Box 40,
CAMPERDOWN NSW 1450
Ph: 1300 367 962
Fax: (02) 9550 3667**

