



Bob Fenwick Memorial Mentoring Grants Program



Health

Expression of Interest Summary

Name.....

Preferred Contact Details.....

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Employing Organisation.....

Mental Health Service Location & Postcode.....

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Length of mental health service experience (please specify).....

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Completed Information Checklist:

- Have all sections of the application been completed?
- Has the manager's endorsement been completed and signed?
- Are details of your current authority to practice attached?
- Date of postage or lodgement.....

**COMPLETED APPLICATIONS MUST BE RECEIVED BY COB
Wednesday 30 November 2011**

For the purposes of this Program:

- *'employing organisation'* refers to the mentee's usual place of employment
- *'host organisation'* refers to the organisation where the mentee is placed to undertake the mentoring experience.

Date of receipt by NSWNA (Office use only).....

11) If successful, are you able to undertake the 2012 placement in:

January

February

March

April

Other (Please specify)

12) Outline how the knowledge you expect to gain in the placement will contribute to your mental health nursing practice (250 words max):

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13) Outline how the knowledge you expect to gain will contribute to the mental health service (250 words max):

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Appendix 1 - TERMS OF APPLICATION

Please refer to the accompanying Program Information Booklet for a summary of the proposed mentoring arrangements.

- a) The Bob Fenwick Memorial Mentoring Program is committed to equity and access principles and strives to ensure that the opportunity to apply for a grant is offered to anyone who is eligible and has demonstrated a need for professional development.
- b) Successful applicants will be expected to sign a confidentiality statement, abide by their relevant professional code of conduct, EEO and OHS responsibilities and all relevant NSW Health policies and procedures which apply in their employing organisation.
- c) Applicants will remain an employee of their employing organisation and will maintain continuity and terms and conditions of employment during the placement. Sick leave or other leave taken during the placement will be covered and paid under that mentee's entitlements with their employing organisation. Where sick leave is paid, the daily per diem rate supplied to the mentee may be required to be reimbursed to the grant program.
- d) Mentees will be required to attend the placement at the times agreed between the host organisation, the mentor and the Program Manager unless otherwise re-negotiated. Unplanned absence for any reason should be reported to the mentor, the employing organisation and the Program Manager as soon as possible. Failure to notify may result in withdrawal of the grant.
- e) Mentees will be required to keep a reflective journal and participate in an initial and follow-up evaluation of their experiences.
- f) Meeting eligibility does not automatically mean entitlement to a grant. All grant applications will be assessed as part of a competitive selection process. The circumstances that will be considered by the Steering Committee include (but are not limited to):
 - Is the applicant a Mental Health Nurse
 - How long has the applicant been in Mental Health (Priority to those with less than 2 years)
 - Location of service (Priority given to those in rural and remote locations as defined by the Rural, Remote and Metropolitan Areas (RRMA) Classification)
 - Ability to undertake placement early in 2012 (Priority given to those able to undertake placement prior to May 2012)
 - The applicants work experience, the need for the mentoring experience as a new worker, how the experience will contribute to the applicant's career goals and to the mental health service,
 - if the applicant is a person from a culturally and linguistically diverse background or an Aboriginal or Torres Strait Islander,
 - The applicant's demands of the work role or any other demonstrated need.
- g) If an offer is not taken up by a successful applicant, it will be offered to the next ranking applicant who was not initially successful.
- h) Successful applicants will be asked to confirm their acceptance in writing with endorsement from their usual Manager within 14 working days of notification.
- i) Applicants who are not successful can re-apply for a grant if available in the future, as can applicants who have declined an offer.
- j) If an offer is accepted and taken up (fully or partially), the applicant will not be eligible to apply in future grant rounds.

- k) Grants cannot be deferred. If a successful applicant cannot take up a grant that has been offered, then the grant will be cancelled.

PRIVACY

- l) The Bob Fenwick Memorial Mentoring Grants Program is committed to upholding and abiding by State and National Privacy Principles. All personal information held remains confidential and protected and is only used and disclosed to the extent necessary for the processing, implementation and promotion of the grants.

ATTENDANCE, GRIEVANCE AND COMPLAINTS HANDLING

- m) Grievances and complaints arising from the conduct of the grants will be handled according to NSW Health *Grievance Resolution (workplace) Policy PD 2005_584 and Complaint Management Policy PD 2006 -073*. During placement, the mentee is supernumerary at the host organisation, consequently grievances and complaints will be handled by the employing organisation not the host organisation. In such circumstances, the host organisation will have a responsibility to refer non-attendance, grievances or complaints to the mentee's usual Manager.

NO FAULT WITHDRAWAL

- n) Should a successful applicant need to withdraw after accepting the grant, they should discuss this with the Grants Manager who will consult with the Program Steering Committee. 'No fault' provisions will apply, however that applicant will be ineligible to apply for future grants from this source if they have partially completed the placement.

APPEALS

- o) If you believe that the decision made about your application was unfair, you have the right to ask for the decision to be reviewed. To lodge an appeal against a grant assessment decision, you must have been assessed as not eligible for a grant or not successful for a grant place in the current round. Appeals should be lodged in writing to the Program Manager (Bob Fenwick Memorial Mentoring Grants Program, 50 O'Dea Avenue, Waterloo, NSW, 2017).

Appendix 2 – MANAGER’S ENDORSEMENT

Please ask your manager to fill out this section. This section is a part of the Eligibility Criteria and must be filled out. Expression of Interest forms sent in without this information will not be assessed.

In completing this section and signing it, I endorse the applicant applying for the Bob Fenwick Memorial Mentoring Grants Program (mentoring) opportunity.

Please explain why you think the applicant is suitable for this grant based on your professional knowledge of this registered nurse (250 words max).

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Will your organisation provide the applicant with:

- continuity of employment as a paid employee of your mental health service
- time off work to attend the placement in early 2012
- workers compensation and public liability coverage
- continuity of terms and conditions of employment such as leave entitlements and superannuation
- other (please specify)

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Name of Applicant:

Manager’s Name:

Position:

Organisation:

Phone No: (w)..... Mob:

Email:

Signature: Date:

14) Applicant Declaration:

I am fully aware of the terms of the Bob Fenwick Memorial Mentoring Grants Program and undertake if successful to:

- a) abide by the rules of the grant
- b) complete a grants letter of commitment and acceptance
- c) develop a work plan in collaboration with my mentor
- d) return any moneys not used for the purposes of the Grant
- e) complete a reflective journal during the placement
- f) participate in an initial and follow-up evaluation of the mentoring experience.

Name of Applicant (please print)

Signature of Applicant:

Date:

Please send the complete expression of interest application by post, email or fax to:

The Program Manager
Bob Fenwick Memorial Mentoring Grants Program
NSW Nurses' Association
50 O'Dea Ave
Waterloo NSW 2017

Scan and Email to: mhmgrant@nswnurses.asn.au

Fax to: 02) 9662 1414

For all enquiries please contact the Program Manager

Phone: Metro: 02) 8595 1234

Rural: 1300 367 962

