

INDIGENOUS NURSING SCHOLARSHIP APPLICATION FORM 2010



**IT IS RECOMMENDED THAT YOU CHECK ELIGIBILITY REQUIREMENTS
BEFORE COMPLETING THIS FORM**

To enhance cultural diversity and promote Indigenous nursing in Western Australia, the Department of Health (DOH) offers 10 scholarships of \$5,000 annually. These scholarships provide Indigenous nurses, midwives and nursing students with an opportunity to achieve their educational goals by further education or in the pursuit of a nursing career. In so doing this will help to increase and strengthen our nursing workforce.

ELIGIBILITY FOR SCHOLARSHIPS

- Applicants must provide written confirmation from a recognised Aboriginal organisation that they are of Aboriginal or Torres Strait Islander descent in order to qualify.
- You must be currently residing in Western Australia.
- You must be enrolled in a recognised nursing program, postgraduate course, re-registration or research program in an accredited nursing/midwifery course at a Western Australian tertiary institution or accredited organisation.

SCHOLARSHIP DETAILS

SELECTION PROCESS

A selection panel will award all scholarships. The selection panel's decisions are final and no correspondence will be entered into.

If feedback is sought please contact the Nursing & Midwifery Office by telephone: (08) 9222 4075.

SCHOLARSHIP OFFERS and PAYMENT

Processing the applications may take up to eight (8) weeks. You will be notified by mail as to the outcome of your application. Funds will not be disbursed unless proof of enrolment is received (if applicable).

- Funding is not paid retrospectively.
- Only one DOH scholarship may be applied for during a 12 month period.
- Funding received from any other source must be stated in the application and may be taken into account in the assessment.

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SCHOLARSHIP DETAILS continued

- If planning to study the following year you will need to apply for further funding for that year.

COURSE WITHDRAWAL/AMENDMENT

The Nursing & Midwifery Office is to be notified *in writing*:

- If enrolment details alter from the original application, e.g., withdrawal, deferment, change in course, or change from full time to part time study.
- If you do not complete the course or units of study for which you received funding, e.g., due to withdrawal or failure. Full or partial repayment of scholarship funding may be required after review of individual circumstances.
- Of your results at the end of each semester and at the completion of the program/course.
- Of any change of address.

****Please note** that these scholarships are NOT available to attend seminars, workshops, and conferences.

USE OF SCHOLARSHIP FUNDING

Scholarship funding is provided to assist you with expenses directly associated with your nursing study or the cost of course fees.

SCHOLARSHIP VALUE

\$5,000

TAXATION INFORMATION

Receipts are not required to be forwarded to the Nursing & Midwifery Office; however, the applicant should retain these for tax purposes.

APPLICANTS ARE ADVISED TO SEEK FINANCIAL ADVICE REGARDING THE TAX IMPLICATIONS OF RECEIVING SUCH A SCHOLARSHIP. LEGISLATION PROVIDES TAX EXEMPTION FOR FULL TIME STUDENTS ONLY

www.ato.gov.au

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PERSONAL DETAILS

Surname: _____ First name: _____ Title: _____

Address: _____

Contact numbers: (h): _____ (w): _____ mob: _____

Email Address: _____

Date of Birth: _____

NMBWA registration number: (if applicable) _____

Are you a permanent resident of Western Australia? Yes No

Are you of Aboriginal or Torres Straight Island descent? Yes No

COURSE INFORMATION

Name of course: _____

Institution: _____

Location: _____

Student Number (if applicable): _____

Semester commencing (if applicable) 1 2 3 4 5 6 7

Date commencing: _____

Expected course completion: _____

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FUNDING

Have you applied for, or received funding from any other source? Yes No

If yes, please give details of the source, and the amounts requested or received.

Have you received DOH funding in past 5 years? Yes No

If yes, please provide details of the value(s), the date(s) and the type.

ACADEMIC QUALIFICATIONS HELD

Qualification obtained	School/Institution/University	Year of study	
		From	To

EMPLOYMENT HISTORY

Employer (identify state or country if not WA)	Position held and brief description of duties	From To	
		From	To

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Please provide any further information or comments you would like to add in support of this application.

PERSONAL REFEREES

Referee 1

Name: _____
Organisation: _____
Position Title: _____
Telephone: _____ Email (if available) _____

Referee 2

Name: _____
Organisation: _____
Position Title: _____
Telephone: _____ Email (if available) _____

DECLARATION

I declare that the information supplied by me for this application is true and accurate in every particular. I acknowledge that any statement, which is found to be false or deliberately misleading, will void this application.

Signature: _____ Date: _____



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TO COMPLETE YOUR APPLICATION

Post all of the following documents to the Nursing & Midwifery Office.

1. Covering letter
2. Evidence of confirmation of enrolment into course
3. Results from previous semesters (if applicable)
4. *Certified* copy of your birth certificate
5. Certified copy of documents supporting any name change
6. Documents supporting your Aboriginality
7. Details of any grants received in the past five (5) years

Note: Failure to include all required documents and have appropriate documents *correctly certified* will exclude you from the scholarship.

Please mail these documents to:

The Nursing & Midwifery Office
Indigenous Nursing Scholarships
Department of Health
PO Box 8172
Perth Business Centre
Western Australia 6849

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CERTIFICATION GUIDELINES:

CERTIFICATION MUST BE SIGNED BY ANY OF THE FOLLOWING STATING

“I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL”

- A Commissioner of Declarations
- Justice of the Peace
- A Registered Nurse or midwife
- The Chief Executive Officer or Deputy Chief Executive Officer of a local government
- A member of the council of a local government
- An Electoral Registrar appointed under the *Electoral Act 1907*
- A person appointed to take charge of a post office in the state
- An Officer of the State or Commonwealth public service
- A teacher within the meaning of the *Education Act 1928*
- A police officer
- A person appointed to take charge of the head or any branch office of a society within the meaning of the *Building Societies Act 1976* or a credit union within the meaning of the *Credit Unions Act 1979*
- A secretary of an organisation of employees or employers registered under the *Industrial Relations Act of 1978* or of a organisation registered under the *Conciliation and Arbitration Act 1904* of the Commonwealth
- A practitioner within the meaning of the *Legal Practitioners Act 1893*
- A medical practitioner registered under the *Medical Act 1894*
- A pharmaceutical chemist within the meaning of the *Pharmacy Act 1964*
- A member of the academic staff of an institution providing courses at post-secondary education level
- The holder of a licence under the Real Estate and Business Agents Act 1978 or the Settlement Agents Act 1981
- An insurance broker registered under the *Insurance (Agents and Brokers) Act 1984* of the Commonwealth
- A person who is accredited as a chartered accountant or a certified practising accountant
- A surveyor licensed under the *Licenses Surveyors Act 1909*
- A patent attorney registered under the *Patents Act 1990* of the Commonwealth