

## UNDERGRADUATE HONOURS SCHOLARSHIP APPLICATION FORM 2010



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

### ELIGIBILITY FOR DEPARTMENT OF HEALTH (DOH) SCHOLARSHIP

- You must have successfully completed a Bachelor of Science in Nursing or Midwifery.
- You must have confirmation of enrolment, at a Western Australian university, for units you plan to study in 1<sup>st</sup> and 2<sup>nd</sup> semesters 2010. Failure to provide this by the closing date will disqualify you from receiving a scholarship.
- You must be an Australian citizen or permanent resident of Australia and currently residing in Western Australia.

### CONDITIONS OF SCHOLARSHIP

- Applicants may only apply for one DOH scholarship in each round of offers.
- These scholarships are for study in the year 2010.
- Funding is for 1 study year only, applicants who plan to continue to study in the following year need to reapply if further funding is sought.
- Funding is not retrospective and is only available for studies commencing in 2010.
- Funds awarded are intended to assist undergraduate honours students with the cost of study.
- Funding received from any other source must be stated in the application and may be taken into account in the assessment.
- The Nursing and Midwifery Office is to be notified ***in writing of the following:***
  - Of your results at the **end of each semester** and at the completion of the program/course - this can be a downloaded document not necessarily an academic transcript;
  - If enrolment details alter from the original application e.g. withdrawal, deferment, change in course, or change from full-time to part-time study;
  - Change of personal details e.g. name/address/phone/email.
- Full or partial repayment of scholarship funding may be required after review of individual circumstances
  - If you do not complete the course or units of study for which you received funding e.g. due to withdrawal or failure.

**VALUE** - The value of scholarships awarded varies according to the number of successful applicants.

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## PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Numbers (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you an Australian Citizen?  Yes  No

Are you a permanent resident of Australia?  Yes  No

## FUNDING

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.*

Department of Health: Year: \_\_\_\_\_ AUD\$: \_\_\_\_\_

Year: \_\_\_\_\_ AUD\$: \_\_\_\_\_

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:*

Other Source: \_\_\_\_\_ Year: \_\_\_\_\_ AUD\$: \_\_\_\_\_

Other Source: \_\_\_\_\_ Year: \_\_\_\_\_ AUD\$: \_\_\_\_\_



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**COURSE DETAILS**

Name of Course: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Student Number : \_\_\_\_\_ Full Time  Part Time  External

Month commencing in 2010: \_\_\_\_\_

Expected Course Completion Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

**UNITS FOR STUDY IN 2010:**

List the units, the unit code, the AUD\$ cost/unit and semester for study in 2010:

| List of units for study in 2010 | Unit Code | AUD\$ Cost | Semester |
|---------------------------------|-----------|------------|----------|
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |
|                                 |           |            |          |

Month commencing study: \_\_\_\_\_

Expected Course Completion Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



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## ACADEMIC QUALIFICATIONS

| Qualification obtained | Institution/University | From | To |
|------------------------|------------------------|------|----|
|                        |                        |      |    |
|                        |                        |      |    |
|                        |                        |      |    |

## PROFESSIONAL REFEREES

**Referee 1**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Telephone: \_\_\_\_\_

## STATEMENT OF INTENT

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: \_\_\_\_\_



## UNDERGRADUATE HONOURS SCHOLARSHIP APPLICATION FORM 2010



### TO COMPLETE YOUR APPLICATION

Post this application form and the following documents/information to reach the Nursing and Midwifery Office by 12 midday on the 24<sup>th</sup> December 2009.

**NOTE:** Incomplete applications will not be considered.  
Late or faxed applications will not be considered.

1. Covering Letter.
2. You must have confirmation of enrolment, at a Western Australian university, for units you plan to study in 1<sup>st</sup> and 2<sup>nd</sup> semesters 2010. Failure to provide this by the closing date will disqualify you from receiving a scholarship.
3. Results of Bachelor of Nursing degree.
4. **Certified** copy of your citizenship papers (birth certificate/passport) or permanent residency details.
5. **Certified** copy of documents supporting any name change.

**Note:** Failure to have appropriate documents **correctly certified** will exclude you from the scholarship. (*Guidelines for certification follow this document*)

**Marked: PRIVATE AND CONFIDENTIAL.**  
Nursing and Midwifery Office  
Undergraduate Honours Scholarships  
Department of Health  
PO Box 8172 Perth Business Centre  
Western Australia 6849

## UNDERGRADUATE HONOURS SCHOLARSHIP APPLICATION FORM 2010



### SCHOLARSHIP PROCESSES

Please contact the Nursing and Midwifery Office on **(08) 9222 4075** if you have any questions.

#### 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 and Midwifery Office by telephone **(08) 9222 4075**.

#### SCHOLARSHIP OFFERS AND PAYMENT

Processing the applications may take up to eight (8) weeks from the closing date. You will be notified by mail as to the outcome of your application.

#### COURSE WITHDRAWAL/AMENDMENT

Successful applicants, who withdraw from their course or alter their study load during this time, must notify the Nursing and Midwifery Office within seven (7) days. Full or partial repayment of scholarship funding may be required after review of individual circumstances.

#### USE OF SCHOLARSHIP FUNDING

Funds awarded are intended to assist with the cost of study.

Receipts are not required to be forwarded to the Nursing and 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](http://www.ato.gov.au)**

## UNDERGRADUATE HONOURS SCHOLARSHIP APPLICATION FORM 2010



### 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 / 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