

Please ensure you read the terms and conditions of this scholarship at [www.health.nsw.gov.au/nursing/scholarships.asp](http://www.health.nsw.gov.au/nursing/scholarships.asp).

Please write clearly in **black** ink and in block letters.  
 Place a cross (X) in the appropriate boxes.

**PERSONAL DETAILS:**

**Title**   Mrs   Ms   Miss   Mr  
        

**Date of Birth**  
 /  /

**Surname**

**First Name**

**Residential Address**

**Suburb**

**State**   **Post Code**   **Home Telephone**   **Mobile**  
    (  )     

**Email**

**Are you an Australian citizen or permanent resident of Australia?**  
 Yes    No

**Are you of Aboriginal or Torres Strait Islander Origin?**  
 Yes, Aboriginal    Yes, Torres Strait Islander  
 No    Yes, Aboriginal and Torres Strait Islander

**If you are working, what is the name of the facility where you work?**

**Are you working:**    Full Time    Part Time    Casual

**COURSE INFORMATION:**

**Name of Institution:**

**Name of Course:**

**Specialty:**



Scholarship ID No:

This is the number allocated to you if you submitted your application online.

Name of Scholarship:

## NSW Health Department Electronic Funds Transfer (EFT) Payment Form

Please print clearly in black ink, use BLOCK LETTERS and ensure that all sections are completed

Name

Address

Suburb

State  Postcode

Phone

Email

### Bank Detail: (Please Note: Funds cannot be placed into Credit Card Accounts)

Bank Name

Branch

BSB (6 digits)

Account Name

Account No.

### Conditions

- The NSW Department of Health will rely on bank information supplied by Scholarships Applicants and is under no obligation to verify the above details – **please check that your bank details are correct.**
- You will be provided with a remittance advice by, mail or electronically from NSW Health Accounts Branch.
- You agree to repay the NSW Department of Health on demand any payments credited to you in error. The NSW Department of Health reserves the right to offset the amount of any over payment made in error against any future debt or liability owing by the NSW Department of Health to you.

Signature:

Print Name:

Date: