|  |
| --- |
| 2020 NURSING POSTGRADUATE SCHOLARSHIPS FOR THE APPLIED MENTAL HEALTH STUDIES COURSE |
| **Application Form** |

The overall aim of these scholarships is to support the recruitment, retention and skill development of registered nurses currently working in mental health services of the NSW public health system.

Scholarships of up to $8,000 are available to registered nurses who are working in full or part-time permanent positions within mental health services of the NSW public health system. These scholarships are provided to assist with educational expenses directly associated with postgraduate study. Scholarships are awarded through a competitive selection process and not all applicants will be awarded a scholarship. The scholarship will not cover all costs associated with a program of study.

Scholarships will apply to **only the Applied Mental Health Studies (AMHS) Course offered by the Health Education and Training Institute (HETI).**

The Nursing and Midwifery postgraduate scholarships offered in 2020 consist of a single payment which is dependent upon the postgraduate qualification being undertaken. Scholarships will be awarded as a contribution toward the cost of courses at the following levels:

|  |  |
| --- | --- |
| **Postgraduate Qualification​** | **​Amount** |
| **Graduate Certificate​** | ​$3,000 |
| **Graduate Diploma​** | ​$6,000 |
| **Masters Program​** | ​$8,000​ |

These postgraduate scholarships are funded by the Nursing and Midwifery Office.

|  |  |
| --- | --- |
| SUBMITTING AN APPLICATION | ENQUIRIES |
| Before submitting your application, please ensure you have:   * Read the Terms and Conditions of the scholarship * Completed all parts of this application form * Attach **all** necessary supporting documents with your application.   To submit the application, email the completed and signed application as both a PDF copy and a word document, essay and supporting documents to [MOH-Nscholar@health.nsw.gov.au](mailto:MOH-Nscholar@health.nsw.gov.au)    Applications must be received by midnight on **Friday 22 November 2019**  *Late or incomplete applications will not be accepted.* | **Donna Fong** 🕾 (02) 9844 6570  🖂 [MOH-Nscholar@health.nsw.gov.au](mailto:MOH-Nscholar@health.nsw.gov.au) |

|  |  |  |  |
| --- | --- | --- | --- |
| PERSONAL DETAILS | | | |
| **Title (Mr, Mrs, Ms, Miss):** |  | | |
| **First Name:** |  | | |
| **Surname:** |  | | |
| **Address:** |  | | |
| **Suburb:** |  |  |  |
| **Postcode:** |  |  |  |
| **State:** |  |  |  |
| **Telephone:** |  |  |  |
| **Mobile:** |  |  |  |
| **Email Address:** |  |  |  |
| **Stafflink ID:** |  |  |  |
| **Are you an Australian Citizen or Permanent Resident?** | No | Yes |  |
| **Are you of Aboriginal and/or Torres Strait Islander descent?** | No | Yes |  |

|  |  |
| --- | --- |
| EDUCATIONAL DETAILS | |
| **Course Provider:** | Health Education and Training Institute |
| **Qualification of Scholarship (Grad Cert, Grad Dip or Masters** | Applied Mental Health Studies Course – Graduate Certificate, Graduate Diploma, Masters |
| **Study type**  **(Part Time or Full Time):** |  |
| **Commence Year:** |  |
| **Finish Year:** |  |

|  |  |
| --- | --- |
| PREVIOUS SCHOLARSHIP BACKGROUND | |
| **Receipt of previous or current scholarship/grant towards this program of study:** | No  Yes 🡺 (if so Scholarship/Grant Name)  🡺 (if so Scholarship/Grant Amount) |
| **Receipt of previous or current scholarship/grant towards this program of study:** | No  Yes 🡺 (if so Scholarship/Grant Name)  🡺 (if so Scholarship/Grant Amount) |

|  |
| --- |
| ESSAY |
| **The contents of your essay will depend on the Applied Mental Health Studies course level (Postgraduate Certificate, Postgraduate Diploma or Masters)**  **Please refer to the Scholarship Categories, Essay Requirements and Marking Criteria before typing your essay here** between *300-500 words*    **Should you require more space please attach a separate document with your application.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How did you hear about this Scholarship?**  **(Educational provider -Internet - Print – Radio-**  **Word of Mouth -NaMO -Other)**  **:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ELECTRONIC FUNDS TRANSFER | | | |
| **Bank Name (eg. Westpac Bank CBA):** |  | | |
| **Bank Branch:** |  | | |
| **BSB:** |  | | |
| **Account Number:** |  | | |
| **Account Name**  **(eg. Mary Smith not Mary’s Savings):** |  |  |  |

*The Health Education and Training Institute* will rely on bank information supplied by scholarship applicants and is under no obligation to verify the above details – **please check that your bank details are correct.**

The *Health Education and Training Institute* reserves the right to offset the amount of any over payment made in error against any future debt or liability owing by the *Health Education and Training Institute* to you.

I agree to refund any Scholarship funding to the Health Education and Training Institute for subjects that I have withdrawn or deferred from, and/or any payments credited to me in error**.  Yes**

|  |  |
| --- | --- |
| TERMS AND CONDITIONS | |
| The following criteria must be met for all categories: | |
| I am an Australian citizen or permanent resident of Australia | **Yes** |
| I am currently employed, permanently working full-time or part-time as a registered nurse within mental health services of the NSW public health | **Yes** |
| I am enrolled or have applied to enrol in Applied Mental Health Studies (AMHS) Course  offered by the Health Education and Training Institute (HETI) that is accredited under the  Higher Education Act (2001) of the relevant jurisdiction. | **Yes** |
| I understand the AMHS course leads to a qualification (Graduate Certificate, Graduate Diploma or  Masters) and is not a research program. | **Yes** |
| I have not been awarded a Nursing and Midwifery Postgraduate scholarship within the last 3 years. | **Yes** |
| **I have read and understand the terms and conditions associated with this Application as found**  **at** [**http://www.health.nsw.gov.au/nursing/scholarship/Pages/default.aspx**](http://www.health.nsw.gov.au/nursing/scholarship/Pages/default.aspx) | **Yes** |
| |  |  |  | | --- | --- | --- | |  |  |  | | |
| Name Signature Date | |

You are required to provide the following **two (2)** documents to support your application. These documents are to be received by the Health Education and Training Institute by **22 November** **2019**:

1. **Official confirmation of your enrolment** in the AMHS course offered by HETI:
2. **A letter from your employer** in the following format:
   * On Health Service letterhead from your employee services department or immediate manager
   * Must be dated and signed (within the last three months)
   * States your name
   * States the title of your position
   * States your employment status (full-time or part-time )
   * States how long you have been employed in this position

To submit the application, email the completed and signed application as both a PDF copy and a word document, essay and supporting documents to [MOH-Nscholar@health.nsw.gov.au](mailto:MOH-Nscholar@health.nsw.gov.au)

**Please note that late applications will not be accepted.**