**ACT Health Aboriginal and Torres Strait Islander**

**Enrolled Nursing Scholarship**

**Application Form**

For new studies commencing in 2016, or for continuation of an enrolled nursing course for which a scholarship has not previously been awarded

***Applications for an***

***Aboriginal and Torres Strait Islander***

***Enrolled Nursing Scholarship***

***are welcomed at all times by ACT Health***

Applicants are encouraged to submit applications electronically

If electronic submission is not possible,

applications (marked CONFIDENTIAL) may be sent by mail to:

ACT Health Nursing & Midwifery Scholarship Team

Nursing & Midwifery Office

PO Box 11

Woden ACT 2606

Contacts:

Telephone: 6244 4987 and 6174 7058

Email: N&MScholarship@act.gov.au

**Criterion 1 - Applicant details**

|  |  |
| --- | --- |
| Title: |  |
| Family Name: |  |
| Given Name: |  |
|  |  |
| **Home Contact Details** |
| Postal Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

Can you confirm you are Aboriginal or Torres Strait Islander? **YES / NO**

Please attach evidence that you of are Aboriginal or Torres Strait Islander descent.

**Criterion 2 – Details of employment/education**

Have you completed ACT Year 12 (or equivalent) achieving at least a C Grade in Tertiary English and Accredited Maths? **YES/NO**

Have you successfully completed the CIT Literacy and Numeracy (achieving 70% or more)? **YES/NO**

Have you been offered and accepted enrolment in the Diploma of Nursing at CIT? **YES/NO**

Are you currently employed? **YES/NO**

Current position:

Length of time in current position (years/months):

Employment status (permanent/ casual/ fixed term contract):

Employment hours (full-time/ part-time):

**Please attach a copy of your resume with your application.**

**Criterion 3 – Statement of commitment**

Describe your commitment to the course of study and how an Enrolled Nursing Scholarship could change the course of your life: (500-1000 words).

**Criterion 4 – Details of course**

**Name of course:** Diploma of Nursing [DP-2C115]

**Name of Education Institution:** Canberra Institute of Technology

**Will you be studying full-time/ part-time:**

**List your study units by semester, name and cost** **in the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period of Study****i.e. Semester 1** | **Subject****Code** | **Subject Title** | **Cost: $** |
|  |  |  |  |
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**Course start date:**

**Anticipated completion date**:

**Please attach a copy of your letter of acceptance into this course:**

**Criterion 5 – Previous Scholarship**

**5.1. Have you received a nursing scholarship or funding from ACT Health in the past? YES / NO**

* If yes, in which year?
* Please provide name and address you used in your previous application
	+ Name:
	+ Address:

**5.2. Have you applied for a scholarship or professional development funding from another source? YES / NO**

* If yes, what is the name of the funding source?
* How much funding was sought?
* Have you been successful yes/No

**Criterion 6 – Recommendation 1**

**Professional Recommendation**

I am pleased to provide this reference for (Please print), who has applied to ACT Health for financial assistance in order to undertake the following course:

(Insert title of the course and institution)

**Applicant’s Name:**

**Course:** Diploma of Nursing [DP-2C115]

**Education provider**: Canberra Institute of Technology

**REFEREE’S COMMENTS AND RECOMMENDATIONS**

As the supervisor of the above person, I support their education and their application for scholarship funding.

 Yes

 No

If funding is not supported please comment:

**Referee’s name:**

**Signature:**

**Position:**

**Relationship:**

**Address:**

**Contact phone:**

**Contact email: Date:**

**Criterion 7 – Recommendation 2**

**Personal Recommendation**

I am pleased to provide this reference for (Please print), who has applied to ACT Health for financial assistance in order to undertake the following course:

(Insert title of the course and institution)

**Applicant’s Name:**

**Course:**

**Education provider**: Canberra Institute of Technology

**REFEREE’S COMMENTS AND RECOMMENDATIONS**

I have known the above applicant for (*state years*) and, I support their education for scholarship funding.

 Yes

 No

If funding is not supported please comment:

**Referee’s name:**

**Signature:**

**Position:**

**Relationship:**

**Address:**

**Contact phone:**

**Contact email: Date:**

**Criterion 8 - Declaration**

To the best of my knowledge the information I have provided is true and correct.

I have read the Aboriginal and Torres Strait Islander Enrolled Nursing Scholarship Guidelines and Information for Applicants and agree to abide by the criteria for applicants and conditions for successful applicants. I understand that scholarships are allocated at the discretion of ACT Health and that the decision of the Department is final.

**Applicant name:**

**Signature:**

**Date:**

**Check list for submission of application**

|  |  |  |
| --- | --- | --- |
| **Check list item** | **Yes [✓]** | **No [x]** |
| Application form is completed |  |  |
| Confirmation of Aboriginal & Torres Strait Islander Descent is attached |  |  |
| Copy of Resume is attached (maximum two pages only) |  |  |
| Letter of offer of acceptance into course from CIT is attached |  |  |
| A detailed outline of the course of study from CIT, including name, number of each unit of study is attached |  |  |
| Professional and Personal recommendations attached |  |  |

**Please Note:**

**Incomplete applications will not be considered.**

**It is the responsibility of the applicant to ensure all documentation is attached.**

Applicants are encouraged to submit applications electronically

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