**University of Canberra Graduate Certificate Scholarship Program**

**For commencement Semester 1, 2021**

**APPLICATION FORM**

* Applications should be marked CONFIDENTIAL and emailed to:
  + **Allied Health -** [alliedhealthscholarships@act.gov.au](mailto:alliedhealthscholarships@act.gov.au)
  + **Nursing and Midwifery -** [N-MScholarships@act.gov.au](mailto:N-MScholarships@act.gov.au)
* Please label email ‘Application for Graduate Certificate Scholarship Program’

**Closing Date:** **5:00pm on Friday 13 November 2020**

**Enquiries:**

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| **Allied Health**  Ph. 5124 9451  [alliedhealthscholarships@act.gov.au](mailto:alliedhealthscholarships@act.gov.au) | **Nursing and Midwifery**  Ph. 5124 4978  [N-MScholarships@act.gov.au](mailto:N-MScholarships@act.gov.au) |

Further details about the relevant programs of study are available from the University of Canberra website:

* [Graduate Certificate in Health Research](http://www.canberra.edu.au/coursesandunits/course?course_cd=133JA&version_number=2&title=Graduate-Certificate-in-Health-Research&location=BRUCE&rank=DDD&faculty=Faculty-of-Health&year=2017)
* [Graduate Certificate in Health Leadership and Management](https://www.canberra.edu.au/coursesandunits/course?course_cd=MGC601&version_number=1)

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| **Criterion 1 – Applicant Details** | | | | |
| **Application for: 🗆** Graduate Certificate in Health Research scholarship  **🗆** Graduate Certificate in Health Leadership and Management scholarship | | | | |
| **Title:** | **Family name:** | **Given name(s):** | | |
| **Home Contact details:** | | **Work Contact details:** | | |
| Postal address: | | Work address: | | |
| Telephone: | | Telephone: | | |
| Mobile: | |  | | |
| Preferred Email: | | | | |
| I am an Australian citizen or permanent resident of Australia | | |  | Y / N |
| I am a permanent or temporary employee with 12 or more consecutive months service | | |  | Y / N |
| I meet admission requirements for the relevant program of study, as determined by the University of Canberra | | |  | Y / N |

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| You do not have to answer this section, however by doing so, it helps us to ensure the scholarship opportunities support diversity, inclusion and equality. We are committed to having a respectful and inclusive culture.  I identify with one or more of these diversity/inclusion groups: | | | | | |
| * English is my second language | | Y / N | | | |
| * Aboriginal or Torres Strait Islander | | Y / N | | | |
| * Person with a disability | | Y / N | | | |
| * LGBTIQ | | Y / N | | | |
| I am a practitioner registered through the Australian Health Practitioner Regulation Agency (AHPRA) **or** | | Y / N | | | |
| I am from a profession not registered through AHPRA and am able to demonstrate certified evidence of an eligible allied health profession | | Y / N | | | |
| **Note: If you are a practitioner registered through AHPRA please print and attach your professional registration details from the National Registration Board/AHPRA website, ensuring the following information is included:**   * **Practitioner name under which you are registered** * **Registration Expiry Date** * **Registration Number**   **If you are from a profession not registered through AHPRA, please attach a certified** **copy** (see Attachment 1: Certification Instructions) **of your undergraduate allied health qualification and/or evidence of eligibility for membership of the relevant allied health professional organisation.** | | | |  |
| I have a minimum tertiary qualification of a Bachelor degree **or** | | | Y / N | |
| I have [equivalent graduate status](https://www.canberra.edu.au/future-students/apply-now/before-you-apply/admission-criteria) as determined by the University  Please specify if you have university exemption through recognition of prior learning. | | | Y / N | |
| I propose to commence the Graduate Certificate by: \_\_\_\_/\_\_\_\_/\_\_\_\_ | I propose to complete the Graduate Certificate by: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | |  |
| Should I be successful I am willing to apply for Study Assistance (ACT Health Directorate or Canberra Health Services employees only; otherwise leave blank) | | | Y / N | |

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| **Criterion 2 – Details of employment** | |
| Group / Division / Branch / Team / Organisation:  Current position:  Current area of clinical practice:  Length of time in current position (years):  Years of postgraduate clinical experience: | |
| Current employment status:  FT **🗆** PT **🗆**  Permanent **🗆**  Temporary **🗆** | Current employment hours per week: |

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| **Criterion 3 – Details of Education and Work History** |
| **Please attach a copy of your Curriculum Vitae** |

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| **Criterion 4 – Applicants for the Graduate Certificate in Health Research only**  **Details of your contribution and commitment to health research and or quality improvement** |
| Briefly describe your contribution and commitment to Allied Health, Midwifery and / or Nursing research and/or quality improvement projects, and how you could contribute to the development of Allied Health, Midwifery and / or Nursing research in the future. |
| **Please attach any supporting documentation or information** |

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| **Criterion 4 – Applicants for the Graduate Certificate in Health Leadership and Management only**  **Details of your contribution and commitment to health leadership** |
| Briefly describe your contribution and commitment to Allied Health, Midwifery and / or Nursing leadership, and how you could contribute to the development of Allied Health, Midwifery and / or Nursing leadership in the future. |
| **Please attach any supporting documentation or information** |

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| **Manager’s Declaration** | | |
| I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has identified the intention to undertake the identified Graduate Certificate or a similar post graduate program in his/her professional development planning. | | |
| I agree to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by providing work release for a minimum of 4\* hours (\*pro-rata for part time staff), and will support applications for Approval as a Student and Study Leave to support this leave (as available through ACT Government Study Assistance and in accordance with relevant guidelines. Enter N/A for Calvary Public Hospital Bruce employees). | | |
| Manager’s Name and Designation: | Signature: | Date: / / |

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| **Applicant’s Declaration** |
| * To the best of my knowledge the information I have provided is true and correct. * I understand that funded places in the Graduate Certificate Scholarship Program are limited and that they are allocated at the discretion of a selection committee comprised of representatives from the University of Canberra and ACT Health Directorate. * I understand that the decision of the selection committee is final. * I understand that ongoing scholarship funding will depend on continuing engagement with the University of Canberra, passing all units and completing the course within 2 years. * I understand that this course requires an estimated time commitment of 10 hours per week and that I am expected to study in my personal time to meet this commitment. * I will not undertake any other post graduate study while completing the program of study. * I will notify the Nursing and Midwifery Office or Chief Allied Health Office if I defer or withdraw from the course, fail a unit of study, or am unable to continue for any reason. * I understand University of Canberra waives 50% of courses fees, however I will pay any additional cost incurred during this study period (e.g. remainder of course fees, amenities fees etc). * I understand that scholarship funding is only provided to undertake a unit of study once. If I fail a unit of study, I am aware that I am responsible for the payment of course fees to re-sit that unit. |

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| * I understand that if I cease employment with Canberra Health Services, ACT Health Directorate or Calvary Public Hospital Bruce I will no longer be eligible to receive scholarship funding. * I understand that if I am successful in gaining a scholarship, I am not eligible to apply for additional funding through an alternate scholarship program for the same course. * I understand that the research project(s) undertaken as part of this course must be relevant to my work area or a specified organisational need. * I understand that I may be required to present learnings gained from the course or outcomes of research project(s) to members of my work area, team, branch, division or organisation | | |
| Applicant’s Name: | Signature: | Date: / / |

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**Check List**

* I am eligible to apply for a scholarship for the University of Canberra’s Graduate Certificate in Health Research or Graduate Certificate in Health Leadership and Management.
* I am employed in Allied Health, Midwifery or Nursing by ACT Health Directorate, Canberra Health Services, or Calvary Public Hospital Bruce
* For the Graduate Certificate in Health Research: my role involves responsibility for, and opportunity to undertake a relevant research project.

I have provided:

* Completed Application Form
* Declaration signed by Manager and Applicant
* Evidence of current professional registration

or

* Evidence of recognised qualification or eligibility for membership of the relevant professional organisation
* Curriculum Vitae

**Attachment 1**

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All applicants are required to provide certified evidence in the following format:

**Certification Notation must read:**

“This is a true copy of the original document sighted by me on [date]”

Name (printed) JP Registration No: (if applicable)

Signature: State of JP registration:

Occupation:

Contact telephone number or address:

As shown above, the certifier (or witness) must include the following information:

**Print their name**

**Signature**

**Occupation**

**Contact telephone** number or address

If the certifier (or witness) is a Justice of the Peace they should also state their registration number and the state/territory of their registration, as indicated above.

If a document runs for more than one page, the certifier (or witness) should sign or initial additional page and number each page as page [number] of [total page numbers].

**Approved Certifiers**

In line with ACT Government Solicitors Office advice persons accepted as document witnesses are taken fromSchedule 2, Part 1 and 2, of the[*Statutory Declaration Regulations*](https://www.legislation.gov.au/Details/F2018L01296).