

# SA Premier's Nursing and Midwifery Scholarships 2012/2013

Application Form  
Closing date: Friday 9 March 2012



## SA Premier's Nursing and Midwifery Scholarships 2012/2013

### Checklist

- Application Form - 1 copy
- Completed Health Unit Approval – 1 copy
- Copy of current Annual Practising Certificate – 1 copy
- Supporting documentation:
- Study tour proposal as per scholarship proposal guidelines - 7 copies
  - Curriculum Vitae – 7 copies
  - Please staple your documents on the top left hand corner  
(do not send folders, paper clips, plastic sleeves, coversheets or copy of guidelines)

### Applications to be addressed to:

Forward **one original** copy of completed application form; health unit approval and practising certificate; plus **seven** copies of supporting documentation to:

Jane Knight  
Scholarship Coordinator  
Nursing and Midwifery Office  
Department of Health  
PO Box 287  
RUNDLE MALL SA 5000

Or deliver to:

Jane Knight  
Scholarship Coordinator  
Nursing and Midwifery Office  
Department of Health  
Level 5, Citi Centre Building  
11 Hindmarsh Square  
ADELAIDE SA 5000

Application form and guidelines are available at: [www.nursingsa.com/office\\_scholarships.php](http://www.nursingsa.com/office_scholarships.php)

### Further enquiries:

Jane Knight  
Scholarship Coordinator  
Telephone: 08 8226 5882 or  
Email: [jane.knight@health.sa.gov.au](mailto:jane.knight@health.sa.gov.au)

**Applications close at 5pm on Friday 9 March 2012**

## SA Premier's Nursing and Midwifery Scholarships 2012/2013

### Part A – Application Form (please print clearly)

<b>Personal details</b>			
Title	Surname	Given name/s	
Home street address		City / Suburb	Postcode
Home telephone	Mobile telephone	Personal email address	
Are you an Aboriginal or Torres Strait Islander?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you an Australian Citizen or a Permanent Resident?		Yes <input type="checkbox"/>	
		No <input type="checkbox"/> You are not eligible for this scholarship	
<b>Professional details</b>			
Current position (RN/CN/EN)			
Current practising certificate number (please provide hardcopy with application)			
Employer			
Work street address		City / Suburb	
Work telephone	Work mobile telephone	Work email address	
Employed	Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/> FTE:

### Declaration

I, (name) \_\_\_\_\_ declare that the information supplied by me in this application is true and correct.

I authorise the Scholarship Selection Committee to seek details from the health service at which I am employed to assess my eligibility to apply for a SA Nursing and Midwifery Premier's Scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Health Unit Approval**

**Health unit approval must be completed and included with your application.**

**To be completed by either the Director of Nursing and Midwifery; or Chief Executive Officer.**

I, (name) \_\_\_\_\_ in the position of  
(position title) \_\_\_\_\_  
have sighted (applicant's name) \_\_\_\_\_ application and  
proposal and consider them to have the expertise, leadership ability and attributes to advance the concepts  
of the study tour into practice. I am prepared to support them to undertake the scholarship for a period not  
exceeding \_\_\_\_\_ continuous working days during which time salary maintenance will  
be provided and their substantive position maintained.

**Director of Nursing and Midwifery**

\_\_\_\_\_ Date \_\_\_\_\_

**Chief Executive Officer**

\_\_\_\_\_ Date \_\_\_\_\_