

AUSTRALIAN NURSES MEMORIAL CENTRE

APPLICATION FOR SCHOLARSHIP: POSTGRADUATE COURSEWORK

INSTRUCTIONS: Please complete ALL sections of the form within the space and/or word limit indicated. Submit the completed application and all required supporting documents (listed at the end of this form) to scholarships@nmc.org.au by 31 August 2023.

APPLICANT	
Family Name: Given Names:	AHPRA Registration:
Address:	Employer:
Telephone: Email:	Position Held:
Australian Citizen <input type="checkbox"/> <i>Attach evidence.</i> OR Permanent Resident of Australia <input type="checkbox"/> <i>Attach evidence.</i>	ANMC Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application submitted
Identify as Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOLARSHIP SELECTION: <i>Indicate scholarship/s applied for; you may select more than one. Please refer to the Eligibility Criteria for the scholarship/s selected.</i>	
<input type="checkbox"/> ANMC Vivian Bullwinkel Award	<input type="checkbox"/> Beth Cuthbertson Scholarship
<input type="checkbox"/> ANMC Betty Jeffrey Award	<input type="checkbox"/> Prince Henry's Affiliates Scholarship
<input type="checkbox"/> ANMC Mental Health Scholarship	<input type="checkbox"/> Michael Dent Scholarship
<input type="checkbox"/> ANMC Commemorative Scholarship	<input type="checkbox"/> Australian Legion Scholarships (<i>Evidence of familial link to Australian Military Service.</i>)
<input type="checkbox"/> ANMC Aboriginal and Torres Strait Islander Nurse/Midwife Scholarship	
PROFESSIONAL REFEREES: <i>Please provide the name, position and contact details of two professional referees</i>	

COURSE OF STUDY
Course Name and Code:
Institution:
Course Commencement Date:
Expected Course Completion Date:

PROFESSIONAL DEVELOPMENT: *In line with the selection criteria, outline three (3) professional development activities undertaken over the last two years and how they contributed to the ongoing development of your professional practice. (Maximum 150 words)*

PROFESSIONAL COMMITMENT: *In line with the selection criteria, outline how your study/course will contribute to the ongoing quality and safety of patient/client care (for example, through education of nurses, research or enhanced practice knowledge and skills). (Maximum 150 words)*

APPLICANT STATEMENT: *Explain how the course will advance your career for the benefit of patient care, the profession, the employer and the community. (Maximum 200 words)*

COURSE PLAN INCLUDING COMPLETED AND PROPOSED SUBJECTS

Please provide the subject name, code, status (completed or planned) and results of completed subjects.

BUDGET: *Indicate how scholarship funds would be used to support your studies. (Maximum 200 words) Attach further information if necessary.*

REQUIRED ATTACHMENTS - CHECKLIST

Prefix ALL document file names with your family name followed by content (Example: Smith-CV)

- Curriculum Vitae (Maximum 4 pages)
- Evidence of Australian Citizenship: Copy of Passport or Birth Certificate;
OR Proof of Permanent Residence
- Certificate of Service or letter from employer supporting this application
- Education Enrolment Evidence
- Evidence of familial links to Australian military service (ALS applicants only)
- Additional Budget information (if applicable)