College of Emergency Nurses New Zealand
Ngā Ringa Ringa Aroha NZNO

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Grant Application Form

Notes for Applicants:

1. Email this completed application plus any supporting documents to cennzawards@gmail.com
2. Ensure that your application is submitted prior to the relevant closing dates below
3. Applicants must be a financial member of CENNZ for the past two consecutive years (He Puawai Tapuhi Māori Grant is one year as a financial member).
4. Have not received a grant from CENNZ in the last two years.
5. Have not received funding for this course from another provider

MEMBER DETAILS	
Name	
Email address	
Postal address	
NZNO membership no.	
Applicant designation/role	
Employer/workplace	

GRANT DETAILS		
Post Graduate Study Grant *(maximum $1000)*	**He Puawai Tapuhi Māori Grant** *(maximum $1000)*	**CENNZ Conference Grant** *(2yrly) CENNZ conference registration fee only*
Education Grant *(maximum $1000)*	**Pacific Islands Nursing Grant** *(maximum $1000)*	**Emergency Leadership Grant** *(Two available grants)*
Select Grant *(from above choices)*		
Application date		
Application closing date 30th January	**Application closing date 30th April**	**Application closing date 30th July** *(All CENNZ conference grants reviewed)*
Name of course/ conference/ university paper		
Course dates		
Location		
Registration cost/ course fees *(Receipts/Invoices must be provided)*	NZ$	

- You will receive acknowledgement of receipt of your application from CENNZ
- Your application will be reviewed following the specified closing dates in January, April or July

- You will be notified about the outcome of your application within 30 days of the application closing date

Briefly outline what you hope to learn/achieve from your participation/attendance in this event: *(250 words)*
Achieving health equity is a national priority. Briefly outline what knowledge you hope to gain from this event that will improve access and health outcomes for New Zealand priority populations i.e.: Māori, Pacific people, people with mental health conditions, those in rural and deprived areas, and disabled people: *(250 words)*

BANK ACCOUNT DETAILS	
Account name	
Bank account Number	
**Please attach verification of your bank account details*	

APPLICATION CHECKLIST	*Yes*
I have completed each question in detail	
I have provided required receipts for course/paper	
I have provided verification of my bank account details for payment of grant	
I understand successful applicants are published in the Emergency Nurses Journal, CENNZ website and recorded on awards register held by CENNZ awards and grants portfolio holder.	
I understand successful applicants are required to write a 500 word on ▪ the event experience, and ▪ knowledge gained and any recommendations for improvements to practice from the conference, course or education opportunity	
I agree to email report and images to cennzawards@gmail.com within 6 weeks of completion of course for CENNZ journal or provide a poster presentation at national conference.	
I understand that this report will be considered for publication in the Emergency Nurses Journal, on the CENNZ website or Social Media platform.	
I understand recipients of the CENNZ *Conference grant must attend the CENNZ AGM held at the conference.	
Signed: ***Date:***	