

## **WOMEN’S HEALTH COLLEGE, NZNO**

**EDUCATION AWARD APPLICATION FOR**

**NURSES & MIDWIVES**

Applications are assessed annually at the Women’s Health College (WHC) Committee face-to-face meeting in February. Applications due: 14 February.   
Applicants advised of outcome: 28 February.

You will receive a receipt of your application.



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| **Name of Applicant** |  |
| **Address** |  |
| **Mobile** |  |
| **Email Address** |  |
| **NZNO Membership Number**  *(You must be a current financial member of NZNO).* |  |
| **Are you a member of the WHC (NZNO)?**  (*You* ***must*** *be a current member of the WHC (NZNO) to be eligible*). | Yes ☐ No ☐ |
| **How much money are you requesting?** (*Maximum $500*). |  |
| **Please tick if you are a** | Nurse Practitioner ☐ Registered Nurse ☐  Registered Midwife or ☐  Enrolled Nurse ☐ |
| **If you work, please state your position and the organisation you work for** |  |
| **Please provide details of the conference/ study you seek funding for, including:**   * conference or course title, * provider or organiser, * costs involved * dates and * length of conference or course   **Please include proof of enrolment/ attendance and a copy of the programme.** |  |
| **How will you use this conference/ to benefit nursing, midwifery, or healthcare in New Zealand?** |  |

**Please note:**

1. In the event that your course, conference or study is cancelled, or you cannot attend any money received from the WHC (NZNO) is to be returned with an explanation for the non-attendance.

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| **Please outline all assistance (if any) you are receiving from your employer including:**   * paid study leave, * registration fees and * travel costs etc. |  |
| **In the event that the WHC committee approve your application, please supply your bank account details**   |  |  |  | | --- | --- | --- | | **Name of account holder** |  | | | **Bank account number** |  | | |

1. Upon completion of your course, conference, study, there is an expectation that you complete our feedback form about your experience for the WHC, NZNO newsletter.

**This application must be complete, legible and**

**have the required information attached.**

**DECLARATION**

I declare the contents of this application to be a true and correct record.

**Signature:**

**Date:**

Please send application to [women@nzno.org.nz](mailto:women@nzno.org.nz)

**The decision of the Women’s Health College (NZNO) National Committee will be final.**

**NZNO use only**

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| **Date application received by NZNO** |  |
| **Outcome/ approval by Selection Panel** |  |
| **Date** |  |
| **Nominee notification date** |  |
| **Amount awarded** |  |
| NZNO Finance **- date paid** |  |
| NZNO Admin **- date entered into Mems database** |  |