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Application for Bernadette Hart Award

**CRITERIA FOR APPLICANTS**

* **Must be current full or life member of the NZNO College of Stomal Therapy Nurses, for a minimum of one year**
* **Present appropriate written information to support application**
* **Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice**
* **Provide a receipt for which the funds were used**
* **Use award within twelve months of receipt**
* **Be committed to presenting a written report on the study undertaken or conference attended and either (or both) write an article for publication in *The Outlet* (the NZ Stomal Therapy Journal) or to present at the next national conference**

**APPLICATIONS CLOSE 30 NOVEMBER (Annually) SEND APPLICATION TO: Maree Warne**

 **maree.warne@hbdhb.govt.nz**

**BERNADETTE HART AWARD APPLICATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone:**  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOMAL THERAPY DETAILS:**

**Practice hours** Full time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Part time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Membership (please circle that which applies to you) FULL LIFE**

**PURPOSE FOR WHICH AWARD IS TO BE USED**

(If for Conference or Course please attach outlined programme and receipts for expenses if available)

* Outline the relevance of the proposed use of the award to stomal therapy

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**EXPECTED COSTS TO BE INCURRED Funding granted/sourced from other organisations**

**Fees: (Course/Conference registration) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation:**

**Transport: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accommodation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOCSTN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been a previous recipient of the Bernadette Hart Award within the last five years? No Yes (year) \_\_\_\_\_\_\_\_**

**Please indicate ONE of the below: (NB this does not prevent the successful applicant from contributing in both formats).**

**O Yes, I will be submitting an article for publication in *The Outlet***

**O Yes, I will be presenting at the next National College of Stomal Therapy Nurses Conference**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Policy for Bernadette Hart Award Selection

**PROCESS**

* **The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal *The Outlet***
* **The closing date for the BHA applications is 30 November each year**
* **The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date**
* **All applicants will receive an email acknowledgement of their application**
* **All applicants will be notified of the outcome, in writing, within one month of the closing date**
* **The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund**
* **The name of the successful applicants(s) will be published in the NZNOCSTN Journal *The Outlet***
* **The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.**

**CRITERIA**

* **The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year**
* **Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice**
* **The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year**
* **The funds are to be used within 12 months following the receipt of the BHA.**

**FEEDBACK**

1. **Submit an article to *The Outlet* within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA;**

**and/or**

1. **Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.**