

Grant Application Form



Purpose

To assist in the funding of continuing education for nurses and midwives to help benefit the professions.

Value

Up to \$1,200.00 will be granted to successful applicants depending on the calibre of the application and the relevance and value to the nursing or midwifery profession.

Availability

The grant may fund all or part of the continuing education activity and may be used locally, interstate or overseas.

It is:

- not available for formal undergraduate or postgraduate academic studies
- normally only available to an individual once in a three (3) year period.

Number Awarded Annually

Unspecified - allocated on a monthly basis.

Essential Criteria

- Current registration with the Nurses & Midwives Board of Western Australia (NMBWA)
- Current employment as a nurse or midwife in Western Australia
- A minimum of one (1) year post registration experience in Western Australia
- The continuing education activity is relevant to the nursing or midwifery profession.

Advice to Applicants

1. Applications should be submitted as early as possible but must be received by NMBWA a **minimum of six (6) weeks prior** to the activity for which funding has been requested.
2. Written references should be submitted **direct** to NMBWA by the referee.
3. Fully completed applications (**including all supporting documentation**) must be received by NMBWA before funding will be considered.
4. NMBWA does not provide funding for conference social programs.
5. Retrospective grants are not routinely awarded.
6. Applicants will receive acknowledgement of their application by NMBWA within one week of it being received, and will be advised of the outcome within six weeks of a fully completed application being received.

Please forward enquiries and completed application forms and accompanying documentation to:

Grant Applications

Nurses and Midwives Board of Western Australia

Locked Bag 6 EAST PERTH WA 6892

Telephone: (08) 9421 1100 Fax: (08) 9421 1022 Email: info@nmbwa.org.au

Grant Application Form

Applicant Details

Name _____ Reg No. _____
Home Address _____
Suburb _____ State _____ Postcode _____
Home Tel _____ Mob Tel _____
Work Tel _____ Email _____

PLEASE PRINT EMAIL ADDRESS CLEARLY as this will be the main form of communication for your application.

Nursing / Midwifery Qualifications

Current Position *(eg. RN Emergency etc)*

Current Employer *(eg. name of hospital / health service etc)*

Total No. of Years Nursing / Midwifery Experience _____ years

Total No. of Years Nursing / Midwifery Experience in WA _____ years

Details of any Previous NMBWA Grants / Funding Received

Date _____ Amount of Funding \$ _____

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Conference / Course / Activity Details

Date of Activity _____

Full Title of Activity

Location of Activity (city, state and country)

Nature of Your Participation (tick all that apply)

Speaker

Poster

Audience

Other (specify)

Please provide a copy of the activity brochure/program showing full details of the activity including registration fees and any additional costs. Also provide copies of any travel and accommodation documentation and any other details relevant to your application.

Details of Funding Requested

Registration/Attendance Fees (please specify)

_____ \$_____

Travel Costs (please specify)

Flight _____ \$_____

Other Travel _____ \$_____

Accommodation / Living Costs (please specify)

Total Funding

Funding Provided by Employer/Other * (if any) \$_____

Funding Provided by Applicant (if any) \$_____

Total NMBWA Funding Requested \$_____

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Other Funding

You must provide details of any funding applied for or received from your employer or other sources.

Funding Source/s _____

Amount Requested _____

Amount Received _____

Course / Conference / Activity Outline

Identify the relevance of this activity to your current area of practice

Specify your objectives for participating in this activity

Detail your plans for disseminating this learning to your colleagues and/or the profession

Grant Application Form

Referee Details

Two nursing / midwifery referees are required to support your application. One should be your current supervisor. Written references on the attached form should be sent **DIRECT** to NMBWA by the referees.

	Reference Details One	Reference Details 2
NAME	_____	_____
EMPLOYER	_____	_____
POSITION	_____	_____
TELEPHONE	_____	_____

Declaration

I hereby declare that the information I have provided within this application is true and accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

How did you hear about the Nurses & Midwives Board of Western Australia Grants?

(Please tick all relevant boxes)

Website OnBoard Newsletter Colleagues Other (please specify)

Application Checklist

Please ensure that your grant application includes the following documentation:

- Application form (four pages)
- Activity brochure / program
- Declaration by grant recipient
- Supporting documentation for accommodation, flights etc (if claiming).

Reference forms should be provided to your referees for submission direct to NMBWA - it is your responsibility to follow up with your referees to ensure that this has been done.

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Declaration by Grant Recipient

I, _____
(first name) (family name)

of, _____
(home address)

do solemnly and sincerely declare:

1. That any monies received from NMBWA and other sources will not exceed the total cost of attendance at stated activity
2. Where monies granted or received for the above named activity have exceeded the total cost of the activity, I agree to advise NMBWA in writing within fourteen (14) days of becoming aware of this in order that the funding granted by NMBWA may be reviewed
3. I will submit to NMBWA evidence of attendance and the required report within one (1) month of attendance at the stated activity.
4. If I am unable to attend the stated activity for which NMBWA has provided funding, I will return the cheque or re-imburse in full the amount of funding provided within fourteen (14) days of becoming aware of this.

Signed _____

Date _____

Application for Grant Reference Form 1



This information will remain private and confidential.

Applicant Details

Name of Applicant _____

Current Position _____

Activity for Which Funding is Sought

Referee Details *(please print)*

Name of Referee _____

Current Position _____

Relationship to Applicant _____

Referee's Comments and Recommendation

(Please identify specific relevance of this activity to the applicant's nursing or midwifery practice)

Signed _____

Date _____

Please return this completed form to:

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Nurses and Midwives Board of Western Australia

Locked Bag 6 EAST PERTH WA 6892

Telephone: (08) 9421 1100 Fax: (08) 9421 1022

Email: info@nmbwa.org.au

Produced by: Education and Research Department

Email: info@nmbwa.org.au

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Locked Bag 6 East Perth WA 6892

Tel: (08) 9421 1100 Fax: (08) 9421 1022 Website: www.nmbwa.org.au

This information will remain private and confidential.

Application for Grant Reference Form 2



Applicant Details

Name of Applicant _____

Current Position _____

Activity for Which Funding is Sought

Referee Details *(please print)*

Name of Referee _____

Current Position _____

Relationship to Applicant _____

Referee's Comments and Recommendation

(Please identify specific relevance of this activity to the applicant's nursing or midwifery practice)

Signed _____

Date _____

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