

# Application Form

## Health Workforce Directorate (HWD) Funds for Registered Nurses Postgraduate Education (District)

The annual application round for 2020 HWD PGN funding is:

**1 September – 4 October 2019**

Please e-mail: [jo.dobson@southerndhb.govt.nz](mailto:jo.dobson@southerndhb.govt.nz) or [hannah.kerr@southerndhb.govt.nz](mailto:hannah.kerr@southerndhb.govt.nz) .

Or forward completed applications to: Postgraduate Nursing Education Office PDU (Otago), Box 20, Private Bag 1921, Dunedin 9054.

**Applications should be received by 17:00 4 October 2019**

Late applications may not be considered in the initial funding allocation. Late applications may be waitlisted and applicants will be notified if / when funding becomes available.

**All sections must be complete and attach required documentation – incomplete forms will be returned for completion.**

Applicant last name: .....

Applicant first name/s: .....

Is this the name that appears on your APC? Yes  No

If 'No' provide name/s as per APC: .....

Also known as: .....

NCNZ Annual Practicing Certificate number (APC) ..

Please attach a copy of your practicing certificate.

Year of graduation to RN .....

### 1. Terms and Conditions of Funding

1. The information collected is used to ascertain your eligibility for HWD Nursing Training Funds, and reporting requirements to HWD, as per the Ministry of Health Head Agreement. Your information will not be used for any other purposes and will be kept private and secure.
2. The coordinator or administrator for HWD funding may be required to contact your tertiary provider and line manager or Director of Nursing re your application and/or study/career plans.
3. Submission of this application implies your consent to use your information for the purposes stated above (1) + (2)
4. You agree to adhere to the requirements of reporting and notification should you be successful in securing funding.
5. You understand that the funding is granted on the basis that the information you provide is true and accurate.
6. Funding does not transfer to a new employment setting/role unless this change has been authorised by the funding co-ordinator and supported by new line manager.
7. If you withdraw from your programme of study and therefore from funding at any time after enrolment has been accepted you must also formally withdraw with the training provider. Failure to do so may result in you being liable for payment of fees and costs.
8. The funding co-ordinator's decision is final.
9. **If funded you agree to notify the Coordinator Postgraduate Nursing Education of any changes that may impact on your funding including:**
  - Changes to your name and/or contact details
  - Changes to your programme of study
  - Changes to your employment situation / line management/ FTE / Hourly Rate
  - Withdrawal from a Paper/ Qualification
  - Any changes to your eligibility to accept HWD Funding.
10. Copy of transcript must be sent to the coordinator postgraduate nursing education on completion of each funded paper.
11. I have read and agree to the Terms and Conditions.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. Personal Details - Email will be main form of contact – please print clearly.**

Home postal address: Street number & name .....  
Suburb ..... City/Town ..... Postal Code .....

Phone contact details: Home ..... Mobile .....  
Work ..... Work extn .....

Preferred e-mail: ..... Work e-mail .....

Are you a New Zealand citizen or do you hold a New Zealand residency permit as conferred by the New Zealand Immigration Service? Yes  No

Gender: Male  Female  Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Ethnicity:**

- New Zealand Māori Iwi/Hapu (if applicable) .....
- New Zealand European/Pakeha       Asian nfd.       Other European
- Cook Island Maori       Southeast Asian       European nfd.
- Fijian       Chinese       Other ethnicity
- Niuean       Indian
- Samoan       Other Asian
- Tokelau       Latin American/Hispanic
- Tongan       African / cultural group of .....
- Other Pacific Island groups      African origin
- Pacific Islander nfd.      \*nfd = not further defined

If you have identified yourself as Māori or Pacific Islander would you like further information on cultural mentorship/supervision? Yes  No

**3. Employment Details**

Current/supporting employer/s .....  
Position/role .....  
Work area/ward .....  
Directorate (if applicable) .....

Hourly pay rate \$..... (Required to calculate release funding)

FTE..... Permanent  Fixed Term

**Employer's details (applicant to complete):**

Line manager (first & last name) .....  
Line manager's title .....  
Line manager's e-mail .....  
Line manager no. .... Line manager extn .....  
Director of Nursing- Name (if applicable) .....

Place of employment: Dunedin Hospital  Southland Hospital  Wakari Hospital

Other  .....

Business name (not required for DHB): .....  
Street number & name .....  
Suburb ..... City/Town ..... Postal Code ..... PO Box .....

**4. Area of Practice**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aged Care                              | <input type="checkbox"/> Long Term Conditions | <input type="checkbox"/> Urology                                   |
| <input type="checkbox"/> <b>Critical Care &amp; Emergency</b>   | <input type="checkbox"/> <b>Medical</b>       | <input type="checkbox"/> Orthopaedic                               |
| <input type="checkbox"/> Acute/intensive care                   | <input type="checkbox"/> General Medical      | <input type="checkbox"/> <b>Mental Health</b>                      |
| <input type="checkbox"/> Emergency/Trauma                       | <input type="checkbox"/> Cardiology           | <input type="checkbox"/> Child & adolescence mental health         |
| <input type="checkbox"/> Neonatal Intensive Care                | <input type="checkbox"/> Endocrinology        | <input type="checkbox"/> Drug & Alcohol                            |
| <input type="checkbox"/> <b>Developmental Disability</b>        | <input type="checkbox"/> Gastroenterology     | <input type="checkbox"/> Psychiatric Rehabilitation                |
| <input type="checkbox"/> <b>Disability &amp; Rehabilitation</b> | <input type="checkbox"/> Haematology          | <input type="checkbox"/> Psychogeriatric Care                      |
| <input type="checkbox"/> <b>Child &amp; Family Health</b>       | <input type="checkbox"/> Infectious Diseases  | <input type="checkbox"/> Community Mental Health                   |
| <input type="checkbox"/> <b>Community Health</b>                | <input type="checkbox"/> Internal Medicine    | <input type="checkbox"/> <b>Paediatrics</b>                        |
| <input type="checkbox"/> Health education & promotion           | <input type="checkbox"/> Neuroscience         | <input type="checkbox"/> <b>Infection Prevention &amp; Control</b> |
| <input type="checkbox"/> Māori Health                           | <input type="checkbox"/> Nephrology / renal   | <input type="checkbox"/> <b>Remote or Rural Areas</b>              |
| <input type="checkbox"/> Palliative care                        | <input type="checkbox"/> Oncology             | <input type="checkbox"/> <b>NEC (not elsewhere classified)</b>     |
| <input type="checkbox"/> <b>Occupational Health</b>             | <input type="checkbox"/> Ophthalmology        | .....  |
| <input type="checkbox"/> <b>Medical Practice</b>                | <input type="checkbox"/> Radiology            |  |
| <input type="checkbox"/> Primary Health Care –General           | <input type="checkbox"/> Respiratory          |  |
|   | <input type="checkbox"/> <b>Surgical</b>      |  |
|   | <input type="checkbox"/> Perioperative        |  |
|   | <input type="checkbox"/> Cardiothoracic       |  |
|   | <input type="checkbox"/> General Surgery      |  |

**5. Postgraduate Study History**

Completed Qualifications:		Year	Tertiary Provider
*Indicate qualification name not individual PG papers.			
Qualification	Name of qualification		
PG Certificate/s			
PG Diploma/s			
Masters			
Current Qualification: List PG nursing papers complete & incomplete towards the qualification that you are currently enrolled in.			

Have you previously received HWD Funding for Postgraduate Study? (Please circle)

YES / NO

If Yes please state which year .....

**6. Proposed Qualification**

**1. The qualification you are enrolled or enrolling in:**

- PG Certificate (60 pts)
- PG Diploma (120 pts)
- Masters (attach abstract for dissertation or thesis) (240 pts)

Papers must be at Level 8 and be able to be credited towards a Nursing Council New Zealand (NCNZ) approved nursing programme.

**2. Tertiary provider where you are enrolled for your qualification:**

\*It is important to indicate with a ✓ against the delivery site for each semester for travel funding allocation. If your study is being delivered in multiple locations please indicate Sm1 or Sm2 alongside each delivery site.

- University of Otago Centre for Postgraduate Nursing Studies
- University of Otago
- Southern Institute of Technology (SIT)
- Eastern Institute of Technology (EIT)
- Massey University
- Auckland University of Technology (AUT)
- The University of Auckland
- Victoria University of Wellington
- Dunedin
- Christchurch
- Dunedin campus
- Wellington campus
- Albany
- Palmerston North
- Wellington
- Dunedin
- Auckland
- Dunedin
- Other (please specify location).....

**7. Travel Subsidy – Limited funding may be available**

\*To be eligible to apply for a travel funding subsidy, travel from your place of work to the training provider must be > 100km one way.

Indicate with a ✓ to be considered for travel funding for:

Sm1  Programme of study for Sm1 is: All blocks  Online  Blended delivery

Sm2  Programme of study for Sm2 is: All blocks  Online  Blended delivery

Comments: .....

**8. Career Plan / Professional Development Plan**

HWD require all funded trainees to have a current career plan, which must be available for review if requested, (e.g. for purposes of audit). See MIDAS 84906 (HWD Career Plan Template)

Provide a brief explanation of your career plan e.g. professional development plan:

.....

.....

.....

.....

**Professional Development & Recognition Programme (PDRP)**

PDRP Provider:  Regional Programme  Other  Not applicable

Indicate ✓ your current PDRP level:  Level 2  Level 3  Level 4  Not currently on PDRP

Performance Appraisal (PA) Date of current performance appraisal (PA) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Within last 18 months)

**9. Sources of Funding**

Have you applied for or received any other funding or scholarship toward 2020 study?      Yes     No

Amount received/applied for: \$ \_\_\_\_\_

Please provide details: .....

**10. Proposed Course of Study for 2020**

It is the applicant's responsibility to complete the enrolment process with the tertiary provider

Semester 1 / 2020				
Course number	Course dates	Course name (as it appears on information sheet)	Points	
Semester 2 / 2020				
Paper number	Course dates	Course name (as it appears on information sheet)	Points	
Full Year 2020				
*Full Year indicates a paper that runs over both semesters – not two separate papers				
Paper number	Course dates	Course name (as it appears on information sheet)	Points	
Semester 3 (Summer School 2020/21)				
Paper number	Course dates	Course name (as it appears on information sheet)	Points	
Future Pathway – Anticipated further paper/s needed to complete qualification				
Paper number	Course dates	Course name	Sm/Yr	Points

Your expected timeframe for completion of the qualification enrolled in. (ie PG Certificate, PG Diploma or Masters)

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**11. Employer Support – Line Manager Agreement**

- I have reviewed and discussed this application with (applicant’s name) .....
- The qualification is relevant to service goals/direction for the workforce/organisation.
- I have seen and discussed the career plan of the applicant as part of the appraisal process.
- I have considered the implications of clinical coverage.
- I will negotiate a trainee release plan with the applicant to facilitate attendance for the compulsory requirements of this course, including days not covered by HWD funding.

**\*A template will be provided to the applicant if funded. This release plan is part of the process for facilitation of trainee release funds to employers.**

In signing this form I fully support and endorse this application for funding.

\* Note: If the applicant works in two areas both line managers must support this application

Line manager’s name:.....Signature: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: .....  
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**12. Nurse Practitioner, RN Prescribing and Expanded Practice Pathways**

Director of Nursing (DoN) approval/support (as relevant) is required if you are completing papers/qualification that leads to Nurse Practitioner, RN Prescribing or expanded practice for Registered Nurses. Prior to submitting your application for HWD funding, applicants must arrange to meet with their DoN to discuss their application, study pathway and career plans.

A copy of the Career Plan must be submitted with this application.

Director of Nursing - Name: .....

Director of Nursing - Signature.....

Comments:.....  
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.....  
.....  
.....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 13. Checklist

- Completed application form
- Copy of Annual Practising Certificate
- A copy of the paper/qualification or course outline
- Line manager's endorsement
- Director of Nursing approval/support as relevant
- Copy of Career Plan and/or abstract as relevant
- Agreed to Terms and Conditions

**Please note:** to ensure all applications are given an equal opportunity to secure HWD funding to support postgraduate nursing education, **all** the information asked for must be supplied. This is a requirement of Health Workforce Directorate (HWD), Ministry of Health and will only be released to HWD for reporting and auditing purposes and to meet the requirements of the Privacy Act 1993.