

**The annual application round for 2024 PGN funding is:**

**Friday 1 September – Sunday 1 October 2023**

Late applications may not be considered in the initial allocation of funding. All late applications will automatically be added to the waitlist and applicants notified if/when funding becomes available.

Applications to be completed & forwarded electronically to

[HWDFunding@southerndhb.govt.nz](mailto:HWDFunding@southerndhb.govt.nz)

If unable to send electronically please mail to: Postgraduate Nursing Education Office  
PDU (Otago), Box 20, Private Bag 1921, Dunedin 9054

**It is the responsibility of the RN completing this application to submit it to the PGNE Office.**

For assistance or further information pertaining to this application or PGNE Funding please contact the Postgraduate Nursing Education District Office within the Practice Development Unit (PDU) Otago.

Email [HWDFunding@southerndhb.govt.nz](mailto:HWDFunding@southerndhb.govt.nz)

**Jo Dobson**

PGNE Coordinator

DDI 03 470 9675

Internal Extension 59675

**Kylie Legg**

PGNE Administrator

DDI 03 470 9673

Internal Extension 59673

**Postal Address**

c/- Practice Development Unit (Otago)

PG Nursing Education Office

First Floor Fraser Building, 464 Cumberland Street, Dunedin

Box 20, Dunedin Hospital

Private Bag 1921, Dunedin 9054

**Please note: e-mail will be the main form of contact.**

**Need assistance with electronic signatures/PDF fillable forms:**  
[Digital signatures and opening PDFs in Adobe Reader \(sharepoint.com\)](#)

**REMINDER: All sections must be completed in this application and required documentation attached. Incomplete applications may be returned for completion.**

Section One: Personal Details		
Applicant Last Name (As per APC Registration)		
Applicant First Name/s		
Also known as		
Home Postal Address		
	City/Town	Post Code
Phone Details	Home	Mobile
	Work	Extension
Email (Please tick beside preferred email contact, email is our main form of contact)	<input type="checkbox"/> Personal	
	<input type="checkbox"/> Work	
Date of Birth	Gender	
Residency Status		
Ethnicity		
If New Zealand Māori please state Iwi/Hapu		
If Other Ethnicity, please state		
Nursing Council Registration (APC) Number <b>Please attach copy of your APC profile information</b>		
Year of Registration		

Section Two: Employment Information		
Current/Supporting Employer/s (Organisation)		
Applicant Position / Role		
Work Area / Ward		
Directorate (if applicable)		
Hourly Pay Rate \$	Current FTE	
<b>Must be completed – required to calculate release funding</b>		
Contract	<input type="checkbox"/> Permanent	<input type="checkbox"/> Fixed Term
Fixed Term End Date	Comments	

Employer / Organisation Details (Applicant to complete)			
Place of Employment			
<input type="checkbox"/> Dunedin Hospital	<input type="checkbox"/> Southland Hospital	<input type="checkbox"/> Wakari Hospital	
<input type="checkbox"/> Other (please advise)			
Business Name			
Business Email			
Line Manager Name			
Line Manager Title			
Line Manager Email			
Line Manager Phone	Work	Extn	Mobile
Director or Nursing (if applicable)			
Clinical Area of Practice / Specialty			
If Other Area of Practice, please state			

Section Three: Postgraduate Study History			
Have you previously received PGNE Funding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please state which year/s			
Have you previously been declined PGNE Funding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please state which year/s			
Have you previously withdrawn from PGNE Funding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please state which year/s			

Completed Qualifications			
List <b>completed papers</b> within each qualification level to date			
Qualification	Name of Paper	Year	Tertiary Provider
PG Certificate/s			
PG Diploma/s			
Masters			

## Section Four: Proposed Qualification

Select the qualification that you are enrolled or will be enrolling in

(Master's **must** have abstract for dissertation or thesis attached)

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

Your expected timeframe for completion of this **qualification** you are enrolled in

Semester

Year

Select the Tertiary Provider you are enrolled or will be enrolling with

Location of Study

Study Delivered

Online

Blended Delivery

## Section Five: Proposed Course of Study for 2024

**It is the applicant's responsibility to complete the enrolment process with the Tertiary Provider and must be done to accept PGNE funding**

### Semester 1 / 2024

Course Number	Course Dates	Course Name (as it appears on the information sheet)	Points

### Semester 2 / 2024

Course Number	Course Dates	Course Name (as it appears on the information sheet)	Points

### Full Year / 2024

**\*Full year indicates a paper that runs over both semesters – not two separate papers**

Course Number	Course Dates	Course Name (as it appears on the information sheet)	Points

Indicate if you are completing RN Prescribing Papers

Indicate if you are on a Nurse Practitioner Pathway

## Section Six: Travel Subsidy (Limited Funding is Available)

To be eligible to apply for a travel and accommodation subsidy, travel from your place of work to the training provider must be  $\geq 100$ km one way

Would you like to be considered for travel and accommodation funding?

If Yes, which semester/s

## Section Seven: Professional Development Plan

### Professional Development and Recognition Programme (PDRP)

Are you currently on PDRP?

If yes, please complete

PDRP Provider

Current PDPR Level

Performance Appraisal (PA) (within the last 18 months)

Date of **current** performance appraisal (PA)

## Section Eight: Sources of Funding

Have you applied for or received any other funding or scholarship toward 2024 study?

Applied

Received

Please advise PGNE Coordinator of outcome of other funding/scholarship applications.

Please provide details (including amount received)

## Section Nine: Career Plan / Future Pathways

**All funded trainees are to have a current career plan.** A career plan template is attached to the end of this application and must be completed. Please notify the PGNE Office if you have submitted a career plan within the last 2 years and if it is still current, then you may not have to submit another one at this stage.

Please provide any further comments/information (not included in the career plan) that may support your funding application.

## Section Ten: Line Manager Agreement

I have reviewed and discussed this application with

Please answer the below questions:

- The qualification is relevant to service goals/direction for the workforce/organisation
- I have considered the implications of clinical coverage
- I will negotiate a trainee release plan with the application to facilitate attendance for the compulsory requirements of this course, including days not covered by PGNE Funding
- I have seen and discussed the career plan of the applicant

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 Name		Signature	
Line Manager Name		Signature	

Comments to support application:

Date:

## Section Eleven: Nurse Practitioner, RN Prescribing & Expanded Practice Pathways

Where applicable Director of Nursing (DoN) approval/support is required if you are completing papers/qualifications that leads to Nurse Practitioner, RN Prescribing or expanded practice for registered nurses. Prior to submitting you application for PGNE funding, applicants must arrange to meet with their DoN to discuss their application, study pathway and career plans.

DoN Name		Signature	
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Comments to support application:

Date:

## Terms and Conditions of Funding

1. Submission of this application implies your consent to use your information for the purposes stated below (2) + (3)
2. The information collected is used to ascertain your eligibility for Postgraduate Nursing Education (PGNE) Funds. Your information will not be used for any other purposes and will be kept private and secure.
3. The Coordinator or Administrator for PGNE funding may be required to contact your tertiary provider, line manager or Director of Nursing regarding your application and/or study/career plans.
4. If funded, you agree to notify the Postgraduate Nursing Education Coordinator or Administrator 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 / FTE / Hourly Rate / Maternity Leave.
  - Withdrawal from a Paper/ Qualification.
  - Any changes to your eligibility to accept PGNE Funding.
5. You agree to adhere to the requirements of reporting and notification should you be successful in securing funding.
6. You understand that the funding is granted on the basis that the information you provide is true and accurate.
7. Funding does not transfer to a new employment setting/role unless this change has been authorised by the funding coordinator and supported by new line manager. Funding is also not transferrable for each semester without approval. Funding is not transferrable from year to year.
8. The PGNE Coordinator's decision is final.
9. If you choose to withdraw from your programme of study and therefore from PGNE funding at any time after enrolment has been accepted, **you must also formally withdraw with your training provider.** Failure to do so may result in you being liable for payment of fees and related costs.
10. A copy of your transcript must be sent to the Postgraduate Nursing Education Coordinator or Administrator on completion of each funded paper.

**I confirm that I have read and agree to the Terms and Conditions outlined above.**

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

## Section Twelve: Checklist

**Before submitting your application, please ensure that the following is completed, and all relevant documents are attached.**

- Fully Completed** Application Form
- Copy of Annual Practicing Certificate attached.
- Line Manager endorsement
- Director of Nursing approval / support (as relevant)
- Copy of career plan and /or abstract (as relevant)
- Agree to Terms and Conditions of funding.

**Please note:** to ensure all applications are given an equal opportunity to secure PGNE funding to support postgraduate nursing education, **all** the information requested **must** be supplied.



## Career Plan (District)

Name

Current position

Employer

Date

### Part One: Knowing Yourself

The first step in planning your career is evaluating and understanding your aspirations; strengths; interests; drivers and other influences. Please indicate which aspects of the planning process you have evaluated:

- My key strengths
- My technical skills
- My work values
- My key fields of interest

Briefly record these here if you wish (optional)

For an objective assessment, seek guidance from others as well.

A discussion regarding your career aspirations, strengths and development needs during a performance review is regarded as a minimum. Informal discussions throughout the year with various people are encouraged.

Who have you discussed your career with?

- Manager
- Professional Leader
- Professional/clinical supervision
- Educator
- Tutor (at tertiary institution)
- Mentor
- Career development professional
- Other (please state)

Through your self-assessment you may have identified particular skills or areas of knowledge you wish to develop what are these?

**Development Opportunities:**

## Part Two: Explore Possibilities

Research the development possibilities and career pathways that are open and attractive to you. Consider your self-assessment outcomes and future health workforce needs.

Pathway Option 1

Prerequisites and requirements to achieve this option:

Pathway Option 2

Prerequisites and requirements to achieve this option:

Pathway Option 3

Prerequisites and requirements to achieve this option:

## Part Three: Making Choices

Consider the suitability of each option and decide (with the assistance of the person you report to) which one is the best match to your aspirations and workforce needs. Before making the decision, consider also:

- What the perceived barriers/obstacles and how they can be overcome
- Outside of work commitments
- The level of involvement required
- Which of my options responds best to my employer and workforce needs?

Based on the choices you have made, and the development opportunities you have identified now write your goal/s. Aim to make each goal as specific as you can.

**Goal 1**

Required to achieve goal 1

**Goal 2**

Required to achieve goal 2

**Goal 3**

Required to achieve goal 3

## Part Four: Make it Happen

In order to achieve your goals, you need to have an agreed course of action. You and your manager need to have a clear understanding of what steps you will be taking, the commitment needed by both you and your manager and relevant timeframes.

You are now ready to detail who has to do what to make things happen.

### Agreed course of action/action plan

Start Date	Completion Date	Skill experience, knowledge to be gained	How will this be gained? (e.g., on the job experience, formal/informal, seminars/courses, coaching/mentoring etc.)	Provider (eg workplace, educator, university, coach/mentor etc.)

### Assessing the effectiveness of the action plan

Specify how to assess the extent to which the agreed course of action has achieved the stated goals.

### Portability

This career plan belongs to the employee/trainee. It provides the basis for ongoing career discussions within current and future employment and professional relationships. Any transfer of information to future employers or others requires the employee/trainee's consent.

### Review Dates

Progress on the agreed course of action will be reviewed on

This career plan will be reviewed on

### Manager/supervisor sign-off

Name		Title	
Signature		Date	

### Employee/trainee sign-off

Name		Title	
Signature		Date	