

Application for Accommodation and Travel Subsidy EN to RN or RM Conversion Scholarship

EN's wishing to receive the \$1000 accommodation and travel subsidy are required to submit the Application for Accommodation and Travel subsidy Form, to their Director or Nursing (DON) / Health Service Manager (HSM). Once the application has been approved by the DON/HSM, the application must be forwarded to the Nursing Workforce Manager.

Applicants should forward copies of the following:

- successful completion of clinical placement
- evidence placement was a minimum of 100km from usual residence or workplace

Each year scholarship recipients will need to submit academic transcripts to demonstrate courses being undertaken and ensure no subjects have been failed or repeated clinical placements prior to accommodation and travel subsidy being approved.

Failure to complete all fields and attach requisite documents will delay processing of this application and may result in the application being declined.

EMPLOYMENT INFORMATION

First Name:	Surname:
Facility:	Position:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time, No. of hours per week:	StaffLink Number:

CURRENT STUDIES

Course Title:	
Name of University:	
Year commenced:	Expected year of completion:
Mode of study <input type="checkbox"/> Distance Education <input type="checkbox"/> Internal	
Study Enrolment/Progression <input type="checkbox"/> Full Time per Semester <input type="checkbox"/> Part Time per Semester	

Clinical Placement

	Academic Year 2	Academic Year 3	Academic Year 4	TOTAL
Clinical Placement Location				
Total Expenditure				
Total to be reimbursed to EN				

Please ensure you attach copies of the following:

- Academic Transcript
- Evidence clinical placement was a minimum of 100km from usual residence or workplace

Applicant Signature: _____ Date: _____

APPROVAL

NUM/NM Recommendation

- I **support** this application I **do not** support this application

Please provide reasons if not supporting the application

NUM/NM Name:	Position:
Facility:	Phone:
NUM/NM Signature: _____ Date: _____	

DON/HSM Approval

- I **support** this application I **do not** support this application

DON/HSM Name: _____ Position: _____

DON/HSM Signature: _____ Date: _____

**Please forward this form to:
Jackie Corliss, Manager Graduate Programs & Traineeships**

Graduate Programs & Traineeships Use Only

- Approved Not Approved

Comments

Signature: _____ Date: _____
Manager Graduate Programs & Traineeships