

EN to RN or RM Conversion Scholarship Application Form

All applications for study leave for EN's studying the Bachelor of Nursing or Bachelor of Midwifery must be approved in advance before the commencement of studies. Applications must outline the clinical placement and residential school commitments for the duration of the course. Specific dates for placements are not required within this application.

Specific study leave requests (using Form: Application for Study Leave – Leave Request) will need to follow 6 weeks before commencement of clinical placement or residential school.

Applicants should forward their completed application to the DON/HSM and must attach copies of the following:

- Evidence of current enrolment
- Clinical Placement or Residential School confirmation from University

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 leave 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. Failure to gain written approval prior to commencement of studies may result in study leave not being approved.

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	

STUDY ENROLMENT/PROGRESSION

Clinical Placement Requirements

Subject	Subject Number	Full Time/ Part Time	Number of Hours/Weeks	Semester 1 or 2	Academic Year ie Yr 2, Yr 3 or Yr 4

Residential School Requirements

Subject	Number of Hours/Weeks	Semester 1 or 2	Academic Year ie Yr 2, Yr 3 or Yr 4

Please ensure you attach copies of the following:

- University Offer
- Course Outline
- Proposed Enrolment/Progression

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

Pay Classification of EN:

Cost Centre Name:

Cost Centre Number:

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

	Academic Year 2	Academic Year 3	Academic Year 4	TOTAL
Clinical Placement - Number of Hours per Week				
Clinical Placement - Number of Weeks				
Residential School - Number of Hours/Days				
Residential School - Number of Weeks				
Total Expenditure				
Total to be reimbursed to Facility				