

2020 POSTGRADUATE FUNDING (HWD) APPLICATION FORM FOR REGISTERED NURSES

Applications close 4pm Thursday 31 October 2019
Late applications will not be accepted

Please note: all information requested in this application form is required by Health Workforce Directorate (HWD), previously known as Health Workforce New Zealand (HWNZ). This information will remain confidential and will not be used for any other purpose without your permission.

- I understand that I need to provide all of the following information or my application will be considered incomplete.
 I have read and understand the HWD 2019 application and information document.

Section 1: Personal information:

First name	Surname:	
Preferred name:	Date of birth:	Gender:
Nursing Council registration (APC) number	Surname on APC:	
Contact number:	Mobile number	
Work email address:	Personal email address	
Preferred phone number:	Preferred email address:	
Are you a NZ citizen or permanent resident? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please supply copy with application		

Ethnicity: Please tick ONE only:

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Other European | <input type="checkbox"/> Other European | <input type="checkbox"/> African |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Fijian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Indian | <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> NZ Māori | Iwi: _____ | | |
| <input type="checkbox"/> Other (please identify) | _____ | | |

Section 2: Employment information

Employer : <input type="checkbox"/> Taranaki DHB <input type="checkbox"/> Other (please supply name and address):	
Area of employment (eg: Ward 2A, primary, aged care):	Years/months with employer:
Please provide detail if you expect the above to change in 2020:	
Employment type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	FTE (hours per week):
PDRP level (prerequisite for funding approval) <input type="checkbox"/> Not on PDRP <input type="checkbox"/> Competent <input type="checkbox"/> Proficient <input type="checkbox"/> Expert	
Line manager details (name, email and address if external to Taranaki DHB):	

Postgraduate study history

PG Certificate = 60 points

PG Diploma = 120 points

I already hold a postgraduate qualification Yes No (go to next section)

Qualification held: Year gained: Tertiary provider:

Qualification held: Year gained: Tertiary provider:

Please list ALL papers commenced/completed:

E.g. If you're commencing your Masters there should be at **least** four papers listed.

Paper name	Year	Result Pass/fail/withdrew	Provider	Funded via HWD/DHB
E.g.: N770 Practice dev.	2018	Pass	University of Auckland	Yes
E.g.: N738 Biological science	2019	Underway	Univrsty of Auckland	Yes

Postgraduate study 2020

Which qualification are you studying towards in 2020?

Postgraduate certificate Postgraduate diploma Masters

If masters, are you in or have you been formally accepted onto the programme? Yes No
Please attach evidence

Will you BEGIN this qualification in 2020 Yes No

If NO, when did you begin? Year: Semester:

Will you complete this qualification in 2020? Yes Semester 1 Semester 2 No

Funding

I have requested funding elsewhere Yes No If NO, go to the next section

Name of fund: Amount requested:

To fund Fees Travel Accommodation Other (please specify)

Was funding received? Yes Amount: No Still waiting

Paper selection for 2020

Please list the papers you would like to undertake in 2020.

N773 Advanced assessment and clinical reasoning (University of Auckland) is the only paper delivered at Taranaki Base Hospital (subject to numbers) in 2020)

Paper number	Tick if enrolling	Paper name	Semester (1, 2 or full year)	Locality (Local, online, away)	Study days	Tertiary provider	Paper points
Please enter detail of papers you are applying for in 2020 below, ensuring each column is completed. Information is available on providers websites.							

Nursing career planner

All applications must contain a completed career planner

Goal: the purpose of this professional development planner is to assist you in setting goals and planning your career in the short and long term.

Pathway:

Clinical

Education

Management

Other _____

What do I really want from my career?

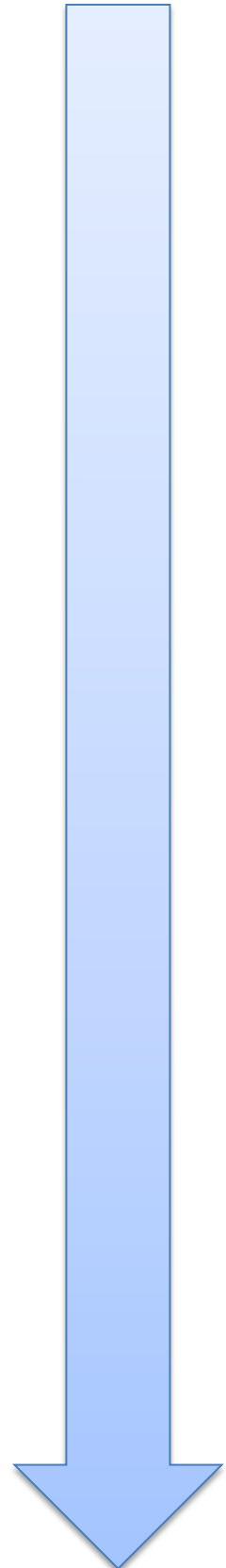
What is my short term focus?
E.g. senior nursing role, projects, lift my profile.

What is my longer term goal?
E.g. Clinical, education, management, advanced role, other.

What are the skills and knowledge I need to achieve my goals?

What are the courses/activities I need/can use to achieve my goals?

How will this study contribute to my career plan?



Applicant declaration

By signing this agreement I agree that:

- I will contact the coordinator and tertiary institute immediately if there are any changes to my enrollment (e.g. withdrawal, cancellation of paper, change of semester, etc.)
- If I fail to complete the paper (for reasons beyond fair and reasonable) I accept I may be required to repay any funding received by Taranaki DHB.
- If I do need to withdraw from a paper I will make every effort to access a full refund prior to the tertiary institutes withdrawal cut off dates.
- I will provide a copy of my results to the coordinator at the end of each semester I enrolled in
- Taranaki DHB can seek confirmation of course completion and pass/fail grade from the tertiary provider involved.
- I will disseminate knowledge gained to relevant nursing forums through teaching sessions in both clinical and wider settings or complete a quality improvement related to the study involved.
- My information is shared with the post graduate coordinator, the tertiary institute and the post graduate funding approval committee
- My information, limited to contact detail and paper choice, may be shared with colleagues undertaking the same papers (to support study and negotiate shared travel and accommodation arrangements).

Applicant signature:

Applicant name:

Date:

Manager/employer section

Is this study relevant to the learning needs of the staff member Yes No

Is this study consistent with identified clinical priorities and services goals/direction for the organisation? Yes No

Does this individual contribute to the organisation (e.g. resource role, preceptor, leadership, development of others) Yes No

Do you support the applicant to undertake this programme/paper(s) and their release for study? Yes No

Comment, justification and recommendation:

I have discussed the study/leave requirements for the study days with the applicant and support release for these days as agreed.

I agree to notify the postgraduate coordinator without delay if the applicant leaves my employment or withdraws from study.

For external managers: I agree to invoice for travel/accommodation costs and backfill with receipts attached at the

end of each semester.

Employer/line manager signature:

Name:

Date:

(Taranaki DHB) team leader/nurse
manager signature:

Name:

Date:

(TDHB) operations manager signature:

Completion checklist

Before submitting your application, please ensure you have completed the following :

- Attached a photocopy of your course information from your tertiary provider.
This can be the course flier or information from the website as long as it includes:
 - The full paper/course name and number
 - Number of study days per paper per semester
 - Costs of papers - you will have to contact the university for this
- Completed ALL information requested
- Signed the declaration form
- Obtained your managers signature
- Clearly understand the commitment your need to make to post graduate study

Please submit your completed and signed application form via one of the following channels:

E-MAIL

ronel.marais@tdhb.org.nz

cc Bethany.gibson@tdhb.org.nz

INTERNAL MAIL/HAND DELIVERY

Ronel Marais
ADON/PG funding coordinator
Mental Health and Addictions

VIA POST

Ronel Marais
PG funding coordinator
Mental Health & Addictions
Private Bag 2016
New Plymouth
4340