

## 2021 POST GRADUATE FUNDING (HWD) APPLICATION FORM FOR REGISTERED NURSES

Applications Close 4pm Thursday 29th October 2020  
No late applications will 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 2020 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 e-mail address:** **Personal e-mail address**

**Preferred phone contact number:** **Preferred e-mail contact address:**

**Are you a NZ Citizen/Permanent Resident?**  **yes**  **No**  
If yes please supply copy with application

**Ethnicity: Please tick ONE only:**

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|--|--|---|----------------------------------|
| <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 Maori | <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"/>         |
| <input type="checkbox"/> NZ Maori Iwi: _____           |  |   |                                  |
| <input type="checkbox"/> Other – please identify _____ |  |   |                                  |

### Section 2: Employment Information

**Employer**  TDHB or **Name and address of employer:**

**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**  **Permanent**  **Temporary** **FTE (hours per week)**

**PDRP level (pre-requisite for funding approval)**  **Not on PDRP**  **Competent**  **Proficient**  **Expert**

**Name of Line Manager:**

**Full Postal Address of Manager (if external to DHB):**

Email Address of Manager :

## Post Graduate study History

PG Certificate = 60 points

PG Diploma = 120 points

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

Qualification Held: Year gained: Tertiary provider:

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Please list **ALL** papers **commenced /completed**:

Eg if you commencing your Masters there should be at **least** 4 papers listed

Paper Name	Year	Result Pass/fail/withdrew	Provider Eg Massey, U of A	Funded via HWD/DHB
Eg: N770 Practice dev.	2018	Pass	U of A	Yes
Eg: N738 Biological science	2019	Underway	U of A	Yes

## Post graduate study 2020

Which qualification are you studying towards in 2020?

Post Grad Cert  Post Grad Dip  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 (U of A, Massey, etc)	Paper points
<b>Please enter detail of papers you are applying for in 2020 below – ensuring each column is completed - information available on providers websites</b>							

# 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?**

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**What is my short term focus?**  
Eg senior nursing role, projects, lift my profile

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**What is my longer term goal?**  
EG Clinical/Education/ Management/Advanced role/other

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

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

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**How will this study contribute to my career plan?**

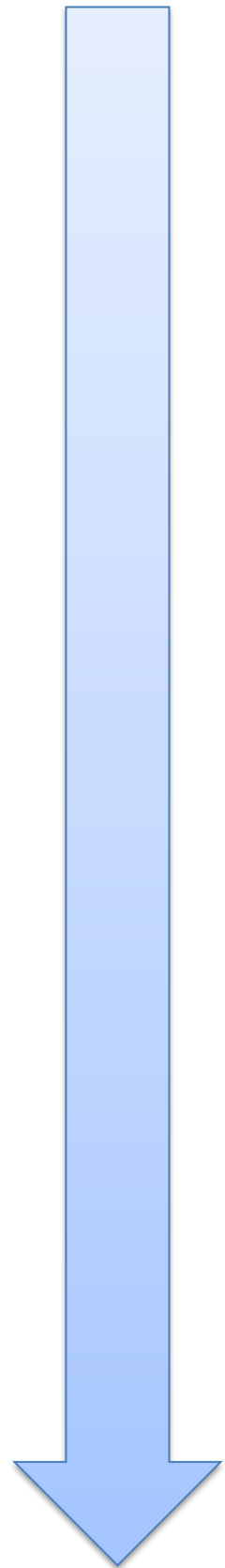
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## Applicants Declaration Section

By signing this agreement I agree that:

- I will contact the coordinator and tertiary institute immediately if there are any changes to my enrollment (eg withdrawal, cancellation of paper, change of semester)
- 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 TDHB
- 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
- THDB 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)

**Applicants signature**

**Applicants 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 (eg 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:

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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 post graduate 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

(TDHB) Team Leader/Nurse Manager  
Signature:

Name:

Date

(TDHB) Operations Manager Signature:

## Completion checklist

Before submitting your application, please ensure you have:

- 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

*Thank you for submitting a completed and signed application*

**e-mail**

[Nicky.Davies-Kelly@tdhb.org.nz](mailto:Nicky.Davies-Kelly@tdhb.org.nz)

cc [Sonia.Murray@tdhb.org.nz](mailto:Sonia.Murray@tdhb.org.nz)

**Internal mail/hand delivery**

Nicky Davies-Kelly

ADON / PG Funding Coordinator

**Via post:**

Nicky Davies-Kelly

PG Funding Coordinator

Mental Health & Addictions

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New Plymouth

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