



**ONCOLOGY NURSING POST-GRADUATE STUDY
SCHOLARSHIP PROGRAM
Application Form**

Before completing and submitting your application, please ensure that you:

- Have read and understood the Albury Wodonga Regional Cancer Centre Trust Fund *Scholarship Program for Oncology Nurses Applicant Guidelines*;
- Meet the eligibility requirements of the guidelines; and
- Discussed your application with your employer and also the Scholarship Co-ordinator, Kristy McMahon Ph. 02 6064 1538 if required.

Background Information

1. Applicant Personal Details:

	Personal Details
Title: (please circle)	Mr / Mrs / Ms / Miss / Dr / Other
First name:	
Surname:	
Preferred Name:	
Date of Birth:	
Address:	
Mobile No.:	
Email Address:	
Are you Aboriginal or Torres Strait Islander origin (please circle)	Yes / No / Prefer not to answer



2. Applicant Employment Details:

	Employment Details
Employer Name:	
Employer Address:	
Employer Contact Person:	
Employer Phone:	
Employer Email:	
Applicant Position Title:	
Applicant Profession:	
Registration Number:	
Hours worked per week:	
Location of services provided:	
Date commenced with employer:	



3. Applicant Existing Qualification Details:

	Existing Professional Qualifications
Qualification:	
Institution:	
Year Obtained:	
Qualification:	
Institution:	
Year Obtained:	

4. What other professional development or specialist courses have you undertaken in relation to your work?

Please type here- no more than 200 words



Proposed Post-Graduate Course of Study

5. Course Details

	Proposed Post Graduate Course Details
Name of Institution or Organisation:	
Address of Institution or Organisation:	
Contact details of Institution or Organisation:	
Name of Course:	
Study Load: (please circle)	Full Time / Part Time
Course Start Date:	
Expected timeframe to complete:	
Course Cost:	\$

Additional Information related to this course (if relevant):



Basis for proposal

1. Why do you want to undertake this particular course?

Please type here- no more than 200 words

2. What area of need or skills gap at the AWRCC will be addressed by you completing this course?

Please type here- no more than 200 words

3. Have you received any other financial assistance to complete this course? Yes / No

If Yes, please provide details here:



4. What contribution will you make towards the completion of this course, financial or in-kind?

Please provide details here:

5. What contribution will your employer make towards the completion of this course, financial or in-kind e.g. study leave?

Please provide details here:

6. If the AWRCC Trust Fund is only able to provide a part of the amount requested, would you still be willing to undertake the proposed course of study? Yes / No

7. If you are awarded a Scholarship, would you be willing to commit to working at the AWRCC for a minimum period of two years after completion of your studies? Yes / No

8. Do you have any further information you would like to provide to support your Scholarship Application?

Please type here



All Applicants to complete and sign the section below

The AWRCC Trust Fund requires that individuals accepting funding through the Scholarship Program will undertake to provide the following:

- a) Evidence to support the achievement of their primary professional qualification;
- b) Evidence to support their employment full or part-time;
- c) Evidence to support the need to undertake study or up skilling activities that will fill the established, high priority gaps in the AWRCC;
- d) Evidence of the course cost;
- e) Academic transcripts to confirm successful completion of the course;
- f) Written confirmation on their commitment to continue working at the AWRCC after completing the course for a minimum period of two years;
- g) Confirmation of their willingness to participate in the media to promote the scholarship program;
- h) If successful, the applicant will sign and agree to a separate letter of agreement outlining the terms and conditions of the scholarship

Signed by:

Full Name: _____

Signature: _____

Date: _____

Application Format

Applications must include the following in order to be considered:

- All questions completed on this application form (incomplete questions may render your application ineligible)
- Full disclosure of course costs;
- Employer letter of support (if application is from an individual).

The completed application form and supporting documentation should be returned to:

Mrs Kristy McMahon Ph. 02 6064 1538

Manager, Albury Wodonga Regional Cancer Centre Trust Fund Inc.

- By hand to level 1 of the Albury Wodonga Regional Cancer Centre (open office space); or
- By email to info@awcancertrust.org.au