

NURSES AND MIDWIVES BOARD OF NEW SOUTH WALES

APPLICATION FOR CATEGORY 6 SCHOLARSHIP

To support completion of:

- a thesis for doctoral studies relevant to nursing / midwifery;
- the final year (or part thereof) of the research component of a Masters or Honours degree (where the research component is of at least six (6) months or greater duration).

Closing Date - 31 October

PLEASE NOTE THAT THIS APPLICATION MUST BE **RECEIVED** IN THE BOARD'S OFFICE BY THE RELEVANT CLOSING DATE AS SHOWN OVERLEAF. LATE APPLICATIONS WILL NOT BE CONSIDERED.

Applications must be stapled or clipped in top LEFT hand corner with the NMB application form on top (Applications submitted in either Plastic folders or plastic sleeves will NOT be accepted)

- Note that any photocopied document submitted must be certified by a Justice of the Peace as being a true copy of the original.
- The "Master" application (including originals and certified copies) and five (5) copies of this "Master" application are to be provided.

1. **TITLE OF THESIS**.....
.....**Date for submission of thesis** (mth and year).....

2. **SURNAME**.....

Other Names.....

BUSINESS ADDRESS.....

PRIVATE ADDRESS.....

CONTACT TELEPHONE NUMBER(S) (Home).....(Work).....(mob)

PRESENT POSITION.....

EMPLOYER'S NAME

TOTAL LENGTH OF SERVICE IN NSW

HAVE YOU BEEN CONTINUOUSLY EMPLOYED IN NURSING / MIDWIFERY IN NSW FOR THE TWO YEARS IMMEDIATELY PRIOR TO THIS APPLICATION?

** Tick as appropriate* **Yes** * **No** *

HAVE YOU COMPLETED THE EQUIVALENT OF TWO YEARS FULL-TIME EMPLOYMENT AS A NURSE / MIDWIFE IN NSW?

** Tick as appropriate* **Yes** * **No** *

3. **REGISTRATION / ENROLMENT NUMBER**.....

HAVE YOU RECEIVED A BOARD SCHOLARSHIP BEFORE?

If yes. State: Cat NoYear

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIP/GRANT IN REGARD TO THIS STUDY? ** Tick as appropriate* **Yes** * **No** *

If Yes, give details.....

PLEASE PLACE THIS FORM ON TOP OF ALL OTHER DOCUMENTS

CATEGORY 6

TAX REQUIREMENTS

1. ARE YOU REGISTERED FOR GST ?
 * Tick as appropriate **Yes** * **No***
2. IF YES, PLEASE PRINT YOUR ABN.....
3. If you are *NOT* registered for GST please provide a “**Statement by a supplier**” form developed by the Australian Taxation Office indicating on the form that income is of a private or domestic nature and therefore no ABN is provided. NOTE: The “*Statement by supplier*” form must be returned with this application form. “*Statement by supplier*” forms are available from the ATO.
 See website: <http://ato.gov.au/content/downloads/nat3346.pdf>

THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED WITH THE APPLICATION

The application **will not** be considered if these documents are not provided.

Reference must be made to the Research and Development Scholarship Guidelines for Applicants. The pages are to be numbered and an index supplied. **The page number at which each of these documents is located in the application is to be inserted in the column below.**

<i>Document</i>	<i>Page No(s)</i>
(a) Curriculum Vitae showing professional and academic qualifications, nursing experience, publications and research record	
(b) Short summary of doctoral studies, including progress made to date	
(c) A letter of support from the supervisor(s) of the project	
(d) Documentation from university confirming study program	
(e) Transcripts of previous academic courses	
(f) Statement(s) from employer(s) confirming employment in NSW as RN/RM/EN for equivalence of two years' full-time	
(g) Statement(s) from employer(s) confirming continuous employment in NSW as RN/RM/EN during the two years prior to application	
(h) Certified copy of current authority to practise	
(l) Statement By Supplier form (when required) and Tax requirements completed (refer box above)	

5. **I AM FULLY AWARE OF THE TERMS OF THE SCHOLARSHIP AND HEREBY UNDERTAKE IF SUCCESSFUL**

- (a) To abide by the rules of the Scholarship;
- (b) To complete a Scholarship agreement;
- (c) To return any monies not used for the purpose of the Scholarship; and
- (d) To supply the Board with evidence of submission of the thesis, together with an abstract, on completion of studies.

Signature

Witnessed by a Justice of the Peace..... **Date**

PLEASE RETURN TO:
 THE REGISTRAR
 NURSES AND MIDWIVES BOARD OF NEW SOUTH WALES
 PO BOX K599
 HAYMARKET NSW 1238

OR

DELIVER BY HAND TO:
 NURSES AND MIDWIVES BOARD OF NEW SOUTH WALES
 Level 6, North Wing
 477 Pitt Street
 SYDNEY NSW 2000

OFFICE USE

PREVIOUS SCHOLARSHIP

DATE OF RECEIPT YEAR..... CATEGORY..... AMOUNT \$

CURRENT REGN / ENRT CONDITIONS MET Yes No