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**New Zealand College of Primary Health Care Nurses Application Form**

**Oritetanga Pounamu $2,500 Equity Grant**

**Naku te rourou nau te rourou ka ora ai te iwi**

*With your basket and my basket the people will live*

**Ahakoa he iti, he pounamu**

*Although it is small/ little, it is pounamu.*

*No matter how small your contribution is, it is valued.*

* Do you have a project or idea which may benefit your community or workplace?
* Can it highlight and address equity?
* Does it show innovation, health determinants, leadership, and exceptional commitment to improving patient care?

**Will it**

* Contribute to primary and community nursing, general practice and public health in New Zealand?
* recognise Te Tiriti o Waitangi and implications to Māori?
* consider and include:
* Māori
* Marginalised
* Pacifika
* vulnerable
* diversity and
* disabled communities
* show increased access or improved health outcomes to particularly reduce burden on diversity, disabled or disadvantaged?

**Criteria**

* Nomination Form and typed description *(up to 500 words)* must be emailed or posted
* written article in LOGIC Journal showcasing project
* current member of NZCPHCN

**Details**

Name as on NZNO membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation/ Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/ Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Plan/ Ideas**

Project Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project/ Idea Description *(300-500 words)****Please continue on another page if more space is required.*

**Project Plan/ Implementation/ Costs***Please continue on another page if more space is required.*

**Benefits/ Outcomes/Expectations***Please continue on another page if more space is required.*

**Acknowledgement or Impact for Te Tiriti O Waitangi***Please continue on another page if more space is required.*

**Nominations close 30 September 2022**

A delegated selection panel from the Executive Committee of the NZCPHCN will assess applications. The panel’s decision will be final, and no correspondence will be entered into.

**All applications and supporting documents should be emailed or posted to**

Sally Chapman

National Administrator

New Zealand Nurses Organisation

PO Box 2128

Wellington 6140

[sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz)