



## CANCER NURSES COLLEGE, NZNO EDUCATION GRANT/ SCHOLARSHIP APPLICATION

### Notes for Applicants

- For assistance with filling out the [Application Form](#) please refer to the *Guidelines for Education Grant Application* or *Guideline for Scholarship for postgraduate study* at: [https://www.nzno.org.nz/support/scholarships\\_and\\_grants#1456](https://www.nzno.org.nz/support/scholarships_and_grants#1456) under Cancer Nurses College.
- On completion, scan and email your application plus any supporting documents to: [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com)

MEMBER DETAILS		
Surname		
First Name		
Organisation		
Position/ Role		
Postal Address		
Email Address		
Work Phone		
Home Phone/Mobile no.		
NZNO no.	Cancer Nurses College (CNC) member Yes/No	
EDUCATION/CONFERENCE DETAILS		
Name of Conference/ Course/ Education opportunity		
Date		
Location		
Presentation Title		
Paper Presentation	Yes/No	Poster Presentation <span style="float: right;">Yes/No</span>
INDICATE PREFERRED EDUCATION FUND		
(for CNC members only) NZNO CNC Education Fund <span style="float: right;">Yes/No</span>	(for non-CNC members) Roche Education Fund <span style="float: right;">Yes/No</span>	CNC Roche Scholarship for postgraduate study <span style="float: right;">Yes/No</span>
COST DETAILS		
Amount (max. \$750.00/\$2,000 scholarship)	\$	
Registration/ Course fees	\$	
Accommodation	\$	

Travel	\$
Other (please specify)	\$
<b>TOTAL COSTS</b>	\$
Briefly outline what you hope to learn/achieve from your participation/attendance:	
Achieving health equity is a national priority. Briefly outline what knowledge you hope to gain from this event that will improve access and health outcomes for New Zealand's priority populations i.e.: Māori, Pacific people, people with mental health conditions, those in rural and deprived areas, and disabled people:	
Have you received an education grant or scholarship from CNC in the past two years?	Yes/No
Have you applied for funding from any other source? If yes, please give details.	Yes/No

BANK ACCOUNT DETAILS	
Account Name	
Bank Account Number	
<i>Please attach a verified bank slip or a screenshot of your bank account details.</i>	

EDUCATION APPLICATION CHECKLIST	YES/NO
1. I have completed each question/criteria in detail.	
2. Alongside this Grant, I seek funding from other sources. If yes, please state the other sources: .....	
3. Scholarship application: a. Provide invoice with your name for cost of postgraduate paper b. Provide decline letter for HWNZ funding and any other sources	
4. I understand it is a requirement to submit a 500-word report on: a. the event experience, and b. knowledge gained and any recommendations for improvements to practice from the conference, course or education opportunity.	
5. If successful, by ..... <b>(Specify a date)</b> I agree to email a report and images to <a href="mailto:cancernursesnz@gmail.com">cancernursesnz@gmail.com</a> , which is within six weeks of completion.	
6. I understand this report will be considered for publication in the Cancer Nurses College online newsletter, CancerNet.	
Signed	Date

*\*Unless otherwise specified, any correspondence will be sent to your home address.*