

NZNO NURSES MANAGERS (NZ) SECTION EDUCATION GRANT APPLICATION



The NZNO NURSE MANAGERS (NZ)

are pleased to invite
applications for financial assistance for
NZNO Nurse Managers (NZ) Section Members

The National Committee would like to offer grants of up to \$750 per application toward educational needs.

Applicants are expected to:

1. Be a current member of the NZNO Nurse Managers' Section
2. Be undertaking study relevant to their health care setting
3. Provide a letter and supporting evidence with the application
4. Provide a brief written report on completion of this education to detail how their practice has been enhanced; this will be published in the Section newsletter Te Wheke.

Please forward application to:

Secretary

dcnmsection@gmail.com

The grant application decision will be made by the Committee in March, May & November.

NB. The decision of the committee is final and no discussion will be entered into.



**NZNO NURSES MANAGERS (NZ) SECTION
EDUCATION GRANT APPLICATION**



Application Form

Name:

NZNO Membership Number:

NZ Nursing Council Number:

Address:

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Telephone Number:

Email:

Workplace and Job Title:

Name of Course/Seminar/Conference:

Date of Course/Seminar/Conference:

Intended Use of Grant (course/seminar/conference fees, travel expenses):

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Estimated costs:

Total cost applied for:

Fees:

Travel:

Other:

TOTAL: \$

Funding is not available for meals, equipment, income, phone calls or leisure activities.

Please supply evidence to support your application eg. Course/conference flyer, travel quote, invoice/s, receipts etc.

Forward to: Secretary:

dcnmsection@gmail.com

**NZNO NURSES MANAGERS (NZ) SECTION
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How will your study or attendance at this conference/course benefit your nursing practice?

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If you were successful, how would this contribute to nursing leadership in your workplace?

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Have you applied for or received any other payment to assist you with this? If yes please give details.

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How did you hear about this education grant?

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Please attach a brief letter support your application and brief resume (no more than two pages). All parts of this form must be completed and legible and have the required information attached.

Declaration:

- I understand that failure to declare other funding will result in all monies awarded by the NZNO Nurse Managers (NZ) will be required to be repaid to the NZNO Nurse Managers (NZ) section.
- I am applying for this grant for the items stated in this application form.
- I also undertake to refund any monies if they are not used for the intended purpose for which they were granted.
- I will provide a brief written report on completion of study to detail how their practice has been enhanced; this will be published in the Section newsletter Te Wheke.

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Applicants Signature

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Date