



College of Gerontology Nursing (NZNO)

Grant to attend Biennial National College of Gerontology Nursing Conference and BGM Criteria, Information and application



Award

Total of 3 grants to attend the College of Gerontology Nursing Conference will be offered biennially.

Eligibility

This grant is to support registered nurse / enrolled nurse / health care assistant members of the gerontology section to attend the biennial College of Gerontology Nursing Conference.

Criteria/Requirements

- ❖ Applicants must have been a full NZNO College of Gerontology Nursing member for greater than 6 months (i.e. not an associate or honorary member)
- ❖ Applications cutoff date for applications is 4 weeks preceding the conference.
- ❖ Grants are for conference fees in full.
- ❖ Accommodation: if travelling a distance equal to or greater than 2 hours by road (google maps estimate) you are eligible to apply in full for two nights accommodation at the conference venue (or equivalent dollar value if venue full).
- ❖ Travel costs: if travelling a distance equal to or greater than 2 hours by road (google maps estimate) you are eligible to apply for public transport costs (i.e. bus, train, coach, plane, we do not reimburse petrol or car hire) to a maximum of \$500.
- ❖ Applicants will receive only one grant of any kind per financial year
- ❖ Priority will be given to
 - Applicants who have not received a grant for the previous two conferences.
 - Applicants who are not receiving financial support from their employer or other organisation.
- ❖ All requested evidence as listed at the end of the application form is included.
- ❖ All applications must be legible.
- ❖ **Grants are awarded at the discretion of the NZNO College of Gerontology Nursing Committee (a quorum must be present). All decisions are final and no discussion will be entered into.**

Application ranking

If more than 3 applications are received a ranking will be applied

- Working in gerontology field
- Not received funding before
- Working 3 or more days per week
- A role that influences the practice of others

Name of Applicant: & NCNZ registration number	
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Contact Address: (You must be living in New Zealand.)	
Phone Number:	Work Home Mobile
Email Address:	
NZNO Membership No. (You must be a current financial member)	
Scholarship request	<input type="checkbox"/> Course/conference fee <input type="checkbox"/> 2 nights' accommodation at conference venue <input type="checkbox"/> Travel costs \$..... *please enclose estimate for travel costs e.g AirNZ printout.
What is your:	Current job title/position Area of practice Employer hours of work
Please outline how will you use this course/conference to benefit your practice	
Please outline all assistance (if any) you are receiving from your employer including all paid leave, course fees etc.	
Have you received or applied for other grants or sponsorships for this conference or are other organisations making a contribution? Please give details.	
How did you hear about this scholarship?	

Please note that the Committee requires you to answer these questions in full in order to fairly distribute the monies available.

Please ensure you attach or provide the following:

- Evidence of travel costs

Incomplete applications will not be considered.

Please note that the information collected in this application form may be used for audit purposes.

In consideration of the receipt of a conference of speakers grant, the recipient agrees as follows:

1. If I receive a study grant, and it is no longer required for the agreed purpose, I will return the study grant to the National Treasurer as soon as possible.
2. I will provide feedback in the form of an essay detailing the benefits/application to practice gained from receiving a study grant.
3. I agree to have the essay published in the College of Gerontology Nursing newsletter and/or put forward for publication in KaiTiaki.
4. That the recipient may be contacted by the co-editors of Kai Tiaki, or other member of staff at NZNO for publicity purposes;
5. This application form will be held by the NZNO College of Gerontology Nursing secretary and archived in the NZNO national records.

I agree to the conditions outlined in points one through five above and declare the contents of this application form to be a true and correct record.

Signature: _____

Date: _____

Please send form to

Sharyne Gordon
New Zealand Nurses Organisation
National Office
PO Box 2128
Wellington 6140

- *You will be notified in writing of the outcome of this application*

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Office use

Awarded: YES/NO	Date:	to be informed by: To be paid by:
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