



**College of Gerontology  
Nursing (NZNO)  
Study Grant  
Criteria, Information and  
application**



### **Award**

The College of Gerontology Nursing have a total study grant budget of \$5,000 per annum (1<sup>st</sup> April to 30<sup>th</sup> March), to support registered and enrolled nurses to develop their knowledge and skills in the care of the older adult.

Study grant applications within the \$5000 total are not capped, however the total annual budget cannot exceeded. Applications are accepted any time of year with the understanding that the total annual budget may be partially or fully spent at the time of application.

### **Eligibility**

This grant is to support registered or enrolled nurses to attend relevant study days, post graduate study or conferences relevant to the care of the older adult.

### **Criteria/Requirements**

- ❖ Applicants must have been a full College of Gerontology Nursing member for greater than 6 months (i.e. not an associate or honorary member)
- ❖ Applications for national conference / course may include accommodation and travel costs
- ❖ Applications for international conference / course **may not** include accommodation and travel costs.
- ❖ The College of Gerontology Nursing pay “early bird” fees only regardless of the application date. Please note it may take up to 4 weeks to process your application

#### New Zealand travel and accommodation costs

- ❖ Accommodation: at cost if travelling a distance equal to or greater than 2 hours by road (google maps estimate). Accommodation is expected to be of a reasonable but not 5 star standard.
- ❖ 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 per financial year
- ❖ Priority will be given to applicants who have not received a grant in the previous two years, and/or 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 College of Gerontology Nursing Committee (a quorum must be present). All decisions are final and no discussion will be entered into.**

### **Application ranking**

If multiple applications are received a ranking will be applied as follows

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

Name of Applicant: & NCNZ registration number	
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)	
How much money are you requesting?	Course/conference fee  Travel  Accommodation  Total:
What is your:	Current job title/position  Area of practice  Employer  hours of work full time / part time / casual
Please give brief details of the course/conference for which you are seeking funding.  <b>(attach a copy of the programme)</b>	Title/Theme of Conference/study day/ course  Location  Dates  Early bird closure date
Who is the course/conference aimed at (e.g.: managers, practising staff, etc.)?	
Please outline all assistance (if any) you are receiving from your employer including all paid leave, course fees etc.	
Please outline how will you use this course/conference to benefit your practice	
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:**

- A verified copy of the course programme
- Evidence of enrolment
- Evidence of travel and accommodation costs if applicable

**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 Kai Tiaki.
4. That the recipient may be contacted by the co-editors of Kai Tiaki, or other member of staff at NZNO for publicity purpose.
5. This application form will be held by the 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 P O Box 2128 Wellington 6140
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- *You will be notified in writing of the outcome of this application*

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**Office use**

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