



APPLICATION FORM

Perioperative Nurses College Education Award

Proposal to be on a subject relevant to perioperative nursing care, education, research or management

Amount: 1 x Up to \$500

Name of Applicant:	
Contact Address: (You must be living in NZ) Contact Email:	
Phone number:	Work: Home: Mobile:
PNC region you are member of:	
What is your:	Current job title/position: Current area of practice: Employer:
Describe what the grant will be used for (max 150 words).	

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

In consideration of the receipt of scholarship funds the recipient agrees as follows:

1. That any funds received from the Perioperative Nurses College Education Award be used exclusively for the purposes of perioperative nursing care, education, research or management.
2. That any funds not used for the proposed purpose are returned to Perioperative Nurses College.
3. That the recipient's name, education details and amount of the scholarship may be published with a photo by the Perioperative Nurses College or award sponsor.
4. The recipient is expected to submit an article for *The Dissector* based on their learning experience. The winner will not receive the \$200 publishing incentive of *The Dissector* as per the exclusion criteria (*The Dissector*, 2009, 37(3), p.8)
5. The application is judged by a sub-committee of Perioperative Nurses College National Committee. where their decision is final and no discussion or correspondence will be entered into.

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

Signature:..... Date:.....

Application form to be forwarded to the College Secretary - periop.sec@gmail.com

Closing Date: End of June or otherwise advised