****

Application for Liberty “Beyond the Ostomy Clinic” funding

(Access to funds receieved from conference)

**CRITERIA FOR APPLICANTS**

* **Must be current full or life member of the NZNO College of Stomal Therapy Nurses**
* **Present appropriate written information to support application**
* **Abide by policy criteria guidelines in attached document for this fund**
* **Provide a receipt for which the funds were used**
* **Use award within twelve months of receipt**
* **Be committed to presenting a written report on how funds were used by submitting an article for publication in *The Outlet* (the NZ Stomal Therapy Journal)**

**APPLICATIONS OPEN SEND APPLICATION TO: Nicky Bates Email: nicky,bates@wdhb.org.nz**

**APPLICATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:**  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOMAL THERAPY DETAILS:**

**Practice hours** Full time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Part time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Membership (please circle that which applies to you) FULL LIFE**

**PURPOSE FOR WHICH AWARD IS TO BE USED**

(If for Conference or Course please attach outlined programme and receipts for expenses if available)

* Outline the relevance of the proposed use of the award to stomal therapy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPECTED COSTS TO BE INCURRED Funding granted/sourced from other organisations**

**Fees: (Course/Conference registration) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation:**

**Transport: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accommodation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOCSTN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate below your intention: (NB this does not prevent the successful applicant from contributing in both formats).**

**O Yes, I will be submitting an article for publication in *The Outlet***

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Policy for use of Liberty “Beyond the Ostomy Clinic” funding

|  |  |
| --- | --- |
| **Process** | **Criteria** |
| The fund will be advertised in the NZNOCSTN Journal “*The Outlet”.* | Available to stoma nurses/resource nurses/special interest in Ostomy |
| Applications will be received until funds are depleted. Notification of closure of fund will be via email, circulated to members.  | Member of the NZNOCSTN |
| The NZNOCSTN National Committee will consult and award funds within one month of receipt of application | Application must benefit stoma patient outcomes and their whanau or education of colleagues. This must be outlined in the application.  |
| The monetary amount of the award will be decided by the NZNOCSTN National Committee. Therein, partial or full funding of requested amount depending on volume of applicants.  | Examples of use: * Furthering education/skill development by attending conferences/symposiums
* For improving ostomy patient and their whanau outcomes
* Textbooks
* Belonging to international ostomy societies.
 |
| All applicants will be notified of the outcome, in writing, within one month of receipt of application |  Provide receipt of use of funding to NZNOCSTN upon use |
| All applicants will receive an email acknowledgement of their application | Funds are to be used within one year of receipt of funds |
| The amount will be dependent on the number of successful applicants each year and the financial status of the fund.  | **Feedback:**The successful applicant(s) agree to submit an article (inclusive of photos) to “*The Outlet*” within six months of receiving the funding |
| The fund policy will be reviewed annually by the NZNOCSTN National Committee until fund is depleted.  |  |

Implemented: January 2020 Reviewed: January 2021