



Enrolled Nurse Section
NEW ZEALAND NURSES ORGANISATION



**NEW ZEALAND
NURSES
ORGANISATION**

**TŌPŪTANGA
TAPUHI**
KAITIAKI O AOTEAROA

**ENROLLED NURSE SECTION NZNO
EDUCATION FUND FOR COURSES/CONFERENCES
FOR QUALIFIED
ENROLLED NURSES
APPLICATION FORM**

The applications are assessed quarterly at the Enrolled Nurse Section National Committee face to face meetings or by teleconference. The meeting dates vary each year. Please contact the administrative support person if you have not received any correspondence about your application within 4 weeks of sending it (The Admin support contact details are at the end of the application form).

Name of Applicant:	
Address: (You must be living in New Zealand.)	
Phone Number:	Mobile: Home:
Email Address:	
NZNO Membership No. (eight digit number) (You must be a current financial member of NZNO.)	
Are you a member of the Enrolled Nurse Section NZNO? (You must be a current member of the Enrolled Nurse Section NZNO to be eligible for this award/funding).	
How much money are you requesting? (Maximum \$200)	
Are you a qualified Enrolled Nurse? Please indicate in box your Nursing Council of New Zealand Registration Number. (six digits)	
If you are working please state	

what job you are doing and the organisation you work for.

Have you received other grants or scholarships in the last two years or do you have any applications under consideration?

Please give details

Please give brief details of the study day / course for which you are seeking funding.

Include: conference/course title, provider/organiser, costs involved, dates, length of conference/course.

Proof of enrolment or attendance must be included.

(Attach copy of receipt of enrolment or copy of certificate post course of study).

How will you use this study day /education course to benefit Enrolled Nursing in New Zealand?

Please outline all assistance (if any) you are receiving from your employer including paid study leave, registration fees, etc.	

1. If the study day /education course for which you are seeking funding is not attended, any money received by you from the Enrolled Nurse Section NZNO will be returned
- 2 All recipients of funding must provide the committee with a report about their programme/course within one month of completion. This may be published in our Panui Newsletter.

All parts of the form must be completed and legible and with required information attached.

I declare the contents of this application form to be a true and correct record.

Signature: _____

Date: _____

Please return this form by post or email (we advise you to keep a copy) to:

The Administrator, Enrolled Nurse Section NZNO
Education Award
NZNO National Office
PO Box 2128
Wellington 6140
Phone: 0800 28 38 48
Fax: 04 382 9993
Email: sharyne.gordon@nzno.org.nz

On receipt of the form you will be sent a letter/email message from the NZNO National Office. If you do not receive a letter/email message within four weeks please contact us.

The decision of the Enrolled Nurse Section NZNO National Committee is final.