



College of Emergency Nurses NZ Grant Application Form

Name: _____

Email address: _____

Date of application: _____

Applicant designation / role: _____

Employer/DHB: _____

NZNO Membership number: _____

To apply you must ensure that you meet the following criteria:

- Financial fee paying member of CENNZ for the past 2 consecutive years
- You have not received payment for a grant from CENNZ in the last 2 financial years
- You have not received funding for this course from another provider

Please indicate the grant you are applying for:

- CENNZ Education Grant
- Postgraduate Study Grant
- CENNZ Conference Grant
- Pacific Islands Nursing Grant
- Emergency Nurses Leadership Grant

Please refer to the CENNZ Grant calendar for application closing dates, specific to each grant. Ensure that your application is submitted prior to the relevant closing date

Name of Conference/Study Day/University Paper etc. (if possible please attach flyer)

Dates and venue: _____

Total costs claimed: (The committee will consider all costs claimed. Final allocation of grant funds will be at the discretion of the committee)

Course Cost \$ _____

Additional Expenses (travel/accommodation may be considered)

\$ _____

Your application must include a supporting word document, that provides the reason you wish to attend the course and a brief synopsis of your intended learning outcomes.

Please send applications to: cennzawards@gmail.com

You will receive acknowledgement of receipt of your application from the CENNZ committee. Your application will be reviewed by the committee after the closing date for that specific Grant. You will be notified about the outcome of your application within 30 days of the Grant application closing date.