

APPLICATION FORM – NZGNC EDUCATION GRANT

To be eligible for consideration of an education grant, you must have been a member of NZGNC for 12 months prior to applying. Consideration will be given to each application on its individual merits, however there is an annual budgeted limit to support our membership’s professional development.

For full Post Graduate Paper funding: Priority will be given to first time applicants who meet the application criteria. If you are successful in your application for full funding, you will not be eligible to reapply for further funding for 24 months. Please read all questions carefully and answer all sections fully, including endorsement from your manager. Failure to provide adequate information as requested may affect your application grant.

Grant funds can be used for any aspect of education requirements, including contributing to costs of papers, accommodation for meetings/conferences, and long-distance travel to meetings/conferences. Awarded grants will be made once Tube article has been received from the applicant.

Applications will close at 5pm on advertised dates twice yearly. Late applications will not be accepted. All Grant decisions are the decisions of the Committee and are final.

Full Name:

Home Address:

Place of Employment:

Work Address:

Email Address:

Phone Number:

NZNO Membership Number:

Applications close 1st March and 1st September each year.

The maximum amount of funding allocated:
National Education – NZD \$800.00 (reimbursed)
International Education – NZD \$1,800.00 (reimbursed)
Post Graduate Education – up to 100% of the course fee

Please complete & email this application to: secretaryofnzgnc@gmail.com

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Please ensure you answer all questions marked with a ★. You **must** complete the mandatory questions. It is helpful for you to supply as much information as possible to support your application for the education grant

1.	★ Are you a financial member of NZNO <u>and</u> have been a member of NZGNC for more than 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	★ Please indicate the number of years you have been a NZGNC member (must be more than 12mths membership period)	<input type="text"/> years	
3.	★ Have you ever presented at a National or Local meeting? If yes, please <u>include</u> evidence of your presentation/s with your application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	★ How many NZGNC National meetings have you attended in the last 2 years? If yes, please <u>include</u> evidence of your attendance at these meetings with your application	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
5.	Have you held an official NZGNC Term of Office? If yes, what position was held? <input type="text"/> And for how many years? <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you contributed to The Tube? If yes, please provide details of the edition your contribution was in: <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	If you are an endoscopy nurse, have you completed the GENCA web-based Endoscope Reprocessing Training package? https://www.genca.org/education/endoscope-reprocessing-modules/ Please <u>include</u> Certificate of completion with your application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	★ Have you received funding from NZGNC in the last 2 years? If yes, please complete: Month, Year & amount granted: <input type="text"/> Please <u>include</u> evidence of previous NZGNC grant/s received with your application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	★ Please indicate the grant you are applying for. One grant is given per applicant; however, you can apply for more than one education event by rating your preference 1 – 4 1 Choose an item. Educational study – please provide the course name and date of completion: 2 Choose an item. <input type="text"/> 3 Choose an item. 4 Choose an item. <input type="text"/> Click or tap to enter a date.		
10.	★ If the education event for which you are seeking funding is not undertaken, do you agree to notify NZGNC in writing and that the money received by you from the Gastroenterology Education fund will be returned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	★ Do you agree to submit a final report from the education event to the committee and the Editor of 'The Tube' within 6 weeks of the planned education event and as outlined in the application approval letter? <div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>IMPORTANT: By agreeing to this, it should be understood that this report will comply with the guidelines for "writing for publication in The Tube". This report should have approximately 1000 words.</p> </div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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12.	★ Professional (Nursing) Qualifications:							
13.	★ Provide an outline of your current involvement in Gastroenterology							
14.	★ Education event you require the grant for: Please <i>include</i> a copy of the programme <input type="checkbox"/> Programme not published							
15.	★ Education date/s:							
16.	★ Are you likely to receive any other funding for this education? If yes, who from & how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No 						
17.	★ Give a brief description of the purpose of attending this education:							
18.	★ State the benefits you perceive as a consequence of attending the Education event (For yourself, colleagues, nursing/health services)							
19.	★ Projected Education costs:	<table border="0"> <tr> <td>• Registration fee:</td> <td>\$</td> </tr> <tr> <td>• Travel/Accommodation:</td> <td>\$</td> </tr> <tr> <td>• Total requested:</td> <td>\$</td> </tr> </table>	• Registration fee:	\$	• Travel/Accommodation:	\$	• Total requested:	\$
• Registration fee:	\$							
• Travel/Accommodation:	\$							
• Total requested:	\$							
20.	Any additional comments, in support of your application:							
Applicant's Signature:		Date:						

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★ Manager Endorsement of Application – this section must be completed		
Do you support this application for Education Grant from NZGNC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's PDRP Level:	<div style="background-color: #cccccc; height: 60px;"></div>	
How is the applicant attending this education event going to benefit your department?	<div style="background-color: #cccccc; height: 60px;"></div>	
Name: (please print)	Signature:	Date:

INFORMATION FOR APPLICANTS:

PURPOSE:

To provide financial assistance for New Zealand Registered, Health Care Professionals to attend Education within New Zealand or Overseas, relevant to the Gastroenterology Nursing profession.

CONDITIONS FOR APPLICATION:

The applicant:

1. Is a Health Care Professional working within Gastroenterology in New Zealand.
2. Is a member of NZNO and has been a member of the Gastroenterology Nurses' College for a minimum of twelve (12) months.
3. Has not received full PG paper funding in year previous.
4. Is undertaking the education within a year of award being made.
5. Will complete a report and have it published in 'The Tube' once education completed.
6. Understands that failure to submit their article within 6 weeks of completing the event for which funding is approved, will make this application null and void. Grant will be paid to applicant on receipt of article.
7. You must advise the NZgNC committee if you do not successfully complete the academic criteria required to pass. You may be required to repay the funding grant should there not be a reasonable consideration to explain why you have not met the academic the requirements.

THE APPLICANT IS ASSESSED ON:

1. Professional activities.
2. Relevance of planned travel to practice.
3. Benefits for nursing service especially for Gastroenterology.
4. Nursing background.
5. Presentation of application.
6. Amount of funding requested equitably fits within the annual budgeted amount for NZgNC education fund

TO COMPLY WITH THE PRIVACY CODE:

ALL INFORMATION REGARDING YOUR APPLICATION WILL BE CONFIDENTIAL TO THE NZNO GASTROENTEROLOGY NURSES' COLLEGE NATIONAL COMMITTEE AND THE JUDGES.

TUBE Writing Guidelines for Authors

The Tube is the official journal of the NZgNC (New Zealand Gastroenterology Nurses' College), and is published quarterly. We welcome articles that will be of interest to nurses working in Gastroenterology and related. Our aim is to publish a high quality, professional and educational journal for nurses working within the specialty of Gastroenterology.

All manuscripts received by the editor will be acknowledged, however, reports, area news or letters to the Editor will not. If you have not received confirmation of receipt within six weeks, please contact the Editor.

Suggestions for articles include:

- Recommendations for nursing practice based on current global trends/literature
- Overview of learning achieved through post graduate paper, or conference attendance
- Review of literary article relevant to best practice
- Case study relevant to specialty
- Education for nurses based on sub specialty topic

Editorial review/acceptance

Articles submitted to *The Tube* are currently reviewed at a minimum by the editor and co-editor. The review will assess the accuracy of fact, clarity of presentation, use of references and relevance to practice of gastroenterology nursing. The editor/co-editor may also request a committee member review any article, particularly if the article is a sub-specialty of gastroenterology nursing and the committee member area of special interest/work.

All articles which are being considered for publication may be reviewed and returned to the author with suggestions for revisions and improvement. The author will be provided with a deadline in which to provide the revised article in order to comply with publication schedule.

The Editor's decision to publish or reject an article is final. You are welcome to email or phone the Editor to discuss your article should it not be accepted for publication.

Structure of Article for submission

The submission should include the following information:

Title Page

- Title of the Paper (20 word max)
- Author(s) name(s) in full
- Qualifications, current position, details of other relevant achievements, and affiliations of author(s)
- Address, contact telephone numbers, email address of the author(s)
- Conflict of interest and / or financial disclosure related to the article or related matter

Body of article

- Title at top of first page
- The body of work should be clearly written in an academic style of writing, and organised with headings/sub-headings (where appropriate)
- Pages numbered consecutively
- Tables, figures (if applicable) should be referred to in the body of the manuscript
- References (APA 6th Edition)
- Written authorisation(s) to publish identifiable person(s)/institutions and copyright materials

Word limit is approximately 1000 words. For the purposes of publication all articles should be formatted in Calibri, font size 10. All work should be saved as MS-Word (.docx) or text only (.txt) files.

All articles must be fully referenced where appropriate (APA 6th Ed)

Authors should keep an original copy of their article.

Submission

Articles should be submitted to the editor at editorofthetube@gmail.com.

If submission of your article is as a requirement of a NZgNC Education/Travel Grant, please ensure you submit within the required 6 week timeframe of your funding application.

Request Further Information

For advice or clarification on any of the above matters please contact the editorofthetube@gmail.com

College committee members' reports:

- The aim of such reports is to inform the national College membership of the business and activities of the College during the last quarter.
- **These reports should include such activities as:**
 - College meetings/teleconferences (date and venue)
 - decisions arising from these meetings/teleconferences (can be focused on the minutes of these meetings)
 - plans/development the College is involved in/hopes to develop
 - any external meetings committee members have attended relating to the business of the College, e.g. meetings with NZNO professional nursing adviser/professional services manager
 - any contributions to national NZNO business, e.g. contribution to any submissions/ national guideline development
 - These should be a maximum of 600 words and contain people's correct names and titles.

Case study/clinical practice article:

- Outline the nature of the treatment/procedure/product that forms the basis of the case study
- Provide information on the patient: age, sex, history, any other pertinent clinical/social/cultural aspects. Avoid using information, which would clearly identify the patient.
- Tell readers what is new, interesting, different, pioneering, about this

- treatment/procedure/product
- Outline the actual treatment/procedure or how product works
 - Report on the patient's/client's response/recovery/
 - Tell readers what you have learnt through your involvement with this treatment/procedure/product
 - Outline any implications/meaning it may have for gastroenterology nurses' practice
 - Provide references to support the article.