

1. Please indicate which grant you are applying for by ticking ONE of the following boxes.

- Pre-registration student education grant
- Post-graduate grant
- Bridging to registration student grant
- Healthcare Assistant, Care-giver, Karitane, Kaiawhina education grant

2. Please circle the qualification you are studying

EN Diploma, Degree, Postgraduate certificate, Postgraduate diploma, NZQA qualification or

Other: Please specify: _____

3. What is the main focus of your study (e.g. nursing)? _____

4. How long will the course take to complete? _____

5. If the course takes several years, please state which year you are in. _____

6. What is the name of the polytechnic, university or institution that is providing the course?

7. If you are undertaking an undergraduate or postgraduate degree, please state the specific details of the papers you are taking below.

Paper number	Name of paper	Level	Cost

8. What professional qualifications have you achieved?

Not applicable

Year	Name of qualification

9. If you are in the process of obtaining an undergraduate or postgraduate degree, please provide evidence of the results that have been achieved for each paper/subject.

Not applicable

Evidence supplied.

10. If you are successful in obtaining an education grant, please explain how this grant will be important to you.

11. Have you been awarded financial assistance for study purposes previously?

No

Yes. Please provide detailed information below.

Year grant received	Name of grant	\$ amount of grant	Name of institution that provided the grant

12. Have you applied for or are you planning to apply for any other financial assistance?

No

Yes. Please provide detailed information below.

Name of grant	\$ amount of grant	Name of institution that may provide the grant

13. Will you be working while you are studying?

No

Yes. Please provide detailed information below.

Name of job position	Work area	Name of employer	Hours worked per week

14. Please briefly describe your previous employment experience below.

Year	Job description	Name of Employer

15. Which year did you join NZNO? _____

16. Please describe your involvement with NZNO below.

WORKSITE CONVENOR or NZNO ORGANISER or NZNO DELEGATE
 Your worksite convenor or NZNO organiser can provide support for your application by providing an indication of the level of your involvement or interest in NZNO (past and present), and any other comments below.

Worksite Convenor/NZNO Organiser/ NZNO Delegate

Name: _____

Date: _____ Signature: _____

Application checklist. Have you.....

- 1. Completed all the questions?
- 2. Attached a copy of the course enrolment form accepted by the institution that you are attending?
- 3. Attached evidence of your previous study results if applicable?

Please sign below that this is a true and correct record of the information documented in this application.

Applicants Signature _____ Date _____