

Application form for consideration of Post Graduate Education/CTA Funding for Registered Nurses employed within the BOPDHB Funding Area

**Form must be submitted for consideration no later than
30 October 2009**

To ensure all applications have equal opportunity of consideration for CTA funding to undertake post graduate studies, the following information must be supplied. All questions must be answered. Incomplete forms will be returned to the applicant before funding is considered. **NOTE: Late applications will not be considered for funding**

1. Personal Details	Legal First (full)Name: _____ Legal Surname Name: _____ Date of Birth: _____ Name of workplace: _____ City/Town: _____ Name of Primary Healthcare Organisation (PHO) (if applicable): _____ (Note: Only those employed by a Health Service funded by the DHB/PHO or Ministry of Health from Vote Health are eligible for funding). Phone- Work : _____ Home: _____ Cell phone: _____ Residential Address: _____ Email (work or home – please stipulate) : _____ Employed full time equivalent (FTE) status or hours employed per fortnight: _____
2. NZ Nursing Council	Annual Practising Certificate Number: _____ Expiry Date: _____ Do you have any 'Restrictions to Practice' on your Practising Certificate: Yes No Is the name that appears on your Nursing Council of New Zealand's Annual Practising Certificate the same as above Yes No. If No , Name on APC: _____
3. New Zealand Residency Status	NZ Born/NZ Citizen? Yes No If No , NZ resident Yes No If No: Sorry - we are unable to provide funding
4. Ethnicity – please identify one:	New Zealand European _____ New Zealand Maori: Iwi Hapu..... Pacific Islander: Asian:Other European: Other Ethnicity:

5. Current Nursing Education Qualifications	<p>Current qualification: Month & Year achieved: Have you already commenced studying towards a higher qualification: Yes No If yes – Name of qualification? What Month and Year did you commence?</p>																																													
6 Post Graduate Study History	<p>Please detail any Post Graduate Papers you have already completed (all details required)</p> <table border="1" data-bbox="311 499 1492 965"> <thead> <tr> <th>Training Institute</th> <th>Paper Code</th> <th>Full Name of Paper Name</th> <th>Points/Credits (eg15 or 30)</th> <th>Month/Year Completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Do you have a past/current Student ID number with the Tertiary Provider you anticipate studying with?</p> <p>Yes No If Yes – please note the number here _____</p>	Training Institute	Paper Code	Full Name of Paper Name	Points/Credits (eg15 or 30)	Month/Year Completed																																								
Training Institute	Paper Code	Full Name of Paper Name	Points/Credits (eg15 or 30)	Month/Year Completed																																										
7. Education Planned	<p>If you are now commencing towards an academic qualification, which are you enrolling in: Post Graduate Certificate Post Graduate Diploma Masters</p> <p>If Masters Level – is it approved by Nursing Council of NZ? No Yes</p> <p>Refer website: http://www.nursingcouncil.org.nz/educa.html if unsure.</p>																																													

