### Scholarship / Professional Development Grant Application Form

Please complete all sections of the Application Form

#### 1. PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Family Name</th>
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<tbody>
<tr>
<td>Given Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
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</tr>
</tbody>
</table>

Contact details:
- Phone: 
- Mobile: 
- Email: 

Current place of employment? 

Position held:

#### 2. REASON FOR APPLICATION

Please indicate the funding opportunity you are applying for:

- Professional Development Grant to attend a conference or training
  - [ ]
- Scholarship for further study or research
  - [ ]

Have you received one of these Scholarships/Grants previously?  
Yes [ ]  No [ ]

If so, please provide the year awarded for the Scholarship/Grant ________________

Are you receiving funding from other sources:

- Yes [ ]  No [ ]
  
If Yes, please identify the source: ________________________________________________________________________________

When considering this application, the VAMCHN Executive Committee will take into account the benefits to both the applicant and the profession.

Please describe clearly:

- what you expect to gain from the nominated further studies, research, conference or training
- what benefits are likely for the Victorian Association of Maternal and Child Health Nurses or the profession
### 3. DETAILS OF THE PROPOSED ACTIVITY

Please include the following information as an attachment for the Professional Development grant / scholarship you are applying for.

#### If this is a Professional Development Grant application please include:
- A copy of the conference / seminar program or training course outline
- A statement describing the activity and the objectives you wish to achieve
- How will attendance at the conference or training course contribute to your professional role?
- Are you presenting a paper / poster? If so please attach a copy of the abstract

#### If this is a Scholarship application, please include:

For further studies
- A copy of the course outline
- A statement describing the objectives you wish to achieve
- How will the course contribute to your professional role?

For a research proposal:
- Background to the study
- Research question/s
- Aims and objectives of the study
- Design and method
- Data collection - outline how data will be collected and by whom
- Ethical considerations

Please provide the details of the costs/fees for the activity for which you are seeking funding:

#### Conditions of receiving a grant/scholarship

- All grant / scholarship recipients must submit a written report and proof of grant expenditure. For professional development grants a report is required no later than two (2) months after completion/attendance at the education event. For further studies or research scholarships a report is required within twelve months of completion.
- Reports will be published on the Victorian Association of Maternal and Child Health Nurses website with a summary printed in the VAMCHN newsletter.
- Grant/ Scholarship recipients will be required to return all grant monies if conditions of grant/scholarship are not completed.

**Signature:**

**Date:** __/__/____

Please send the signed copy with attachments to:

Victorian Association of Maternal and Child Health Nurses
Postal address:
VAMCHN Chair
c/- ANMF
PO BOX 12600
MELBOURNE VIC 8006

Email: vamchn.group@gmail.com