



Scholarship / Professional Development Grant Application Form

Please complete all sections of the Application Form

1. PERSONAL DETAILS

Family Name

Given Name

Address

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