



Palliative Care Nurses New Zealand Society Inc.
Tauārai o te pō, tītoki o te ao mārama

Celine Collins, 27A Inniscort St, Cromwell 9310
Email: scholarships@pcnznz.co.nz

APPLICATION FOR SCHOLARSHIP

Two scholarships of \$500 maximum/applicant will be awarded in any one calendar year. Retrospective awards will not be considered. The date of the event you are seeking a scholarship for must occur after the closing date of the scholarship round.

Would you please complete this application form and return to committee via the above email or postal address.

First Round open 1 January – 30 June annually (Awarded in July) Second Round open 1 July – 31 December annually (Awarded in January)

Name: _____

Address: _____

Telephone number: _____

Email: _____

PCNNZ membership number: _____

Name of employer: _____

Manager/employer authorisation: (if scholarship application is to attend conference)

I wish to apply for a scholarship from the Palliative Care Nurses NZ to:

Attend a Conference New Zealand Overseas

Attend a Professional Development Workshop

Undertake Post-Graduate Study

Other (please specify in detail)

Name & Date of Conference: _____

Total cost of Event \$ _____

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What is the relevance to your role?

How will this education benefit you and how will it add value to your practice? (Consider appropriateness to your care setting/practice; how will this positively impact on client outcomes and/or palliative care nursing?)

Please attach a support letter from your manager !

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SCHOLARSHIP USE:

Please specify in detail how this scholarship will be used:

Detail	Amount
Fee	
Accommodation	
Travel (Mileage must have petrol receipts)	

PLEASE ATTACH a copy of the programme details for the conference/course or paper you are applying for scholarship for.

Who else will be funding total costs? (Please specify in detail)

_____ \$ _____
_____ \$ _____

Educational and Personal Objectives:

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If attending a Conference/Other, the expectation of PCNNZ Committee is that you will agree to:

- § Submit one of the following (please tick one of the following):
- ρ an attendance certificate or
 - ρ a certificate of completion or
 - ρ a report/letter.
- § Be available to (please tick one of the following)
- ρ Address PCNNZ members on the subject studied if asked or
 - ρ Present at a PCNNZ conference
 - ρ Present an insert for the PCNNZ newsletter.

I acknowledge and agree to meet the above criteria for the benefit of all PCNNZ members.

Signed:.....

Print Name:.....Date:.....

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