



Nurses Board of Victoria Legacy Limited Grants and Fellowships

Please note the ROSEMARY KELLEY RESEARCH FELLOWSHIP will not be offered in 2020. If you have a research project you would like to apply for funding, please see website for 2020 funding for major grants

Applications close at 4pm Friday 20th September 2019

SUBMISSION OF APPLICATIONS: It is preferred that applications be typed, however hand written applications will be accepted. Completed forms must be signed and forwarded either in hard copy or email to:

**NBVLL Secretariat
PO Box 327
WENDOUREE VIC 3355
loro@ncable.net.au**

Applications postmarked on or before the closing date will be accepted. It is recommended that you keep a copy of your application until you are notified that it has been received by the NBVLL Officer. Notification of receipt will be sent via email. Please make sure you have a valid email address and check junk mail or spam.

<input type="checkbox"/> ROSEMARY KELLEY TRUST Professional Development	<input type="checkbox"/> ROSEMARY KELLEY TRUST Postgraduate Nursing Course
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ROSEMARY KELLEY TRUST

The purpose of the Rosemary Kelley Fellowships is to support registered nurses in Victoria undertaking activities to advance their knowledge and skills in haematological malignancies (leukaemias, lymphomas, myeloma and related blood disorders) and other forms of cancer. Funding is available in the following areas:

A APPLICANT DETAILS

Surname:	Given name:	Title:
Address:		
Suburb:	State:	Postcode:
BH Tel:	Mobile:	
Email address:		
NMBA Registration ID Number:		
Employing organisation:		
Position held:		

ABN (if applicable):

B GRANT PROPOSAL

- 1. Briefly describe the activity for which you are seeking funding.**
Do not exceed 100 words for this section.

- 2. Describe the timeline for the activity including the start, finish and other milestone dates. (for conference attendance detail event dates)**

- 3. How will this activity contribute to enhancing nursing/midwifery practice?**

- 4. How will you share the outcomes of this activity?
(presentation/conference/workshop/in-service education)**

D FUNDING

Has any other funding been sought for this activity? **Yes** **No**

If **yes**, please detail the funding source (name and address of each agency) and the amount requested.

Do you anticipate completion of your activity will be restricted if additional funding is not allocated?

Yes **No**

Have you or members of your team previously been awarded a Nurses Board of Victoria Legacy Limited Grant or Fellowship? **Yes** **No**

If **yes** please state year, name of Grant or Fellowship and activity title.

E BUDGET

Prepare the budget for your activity including the cost of each item, the total amount and a brief justification.

Item	Amount	Justification/rationale
eg: Books	\$300	Course resources
Total Budget	\$	

F. CERTIFICATION OF HEAD OF ORGANISATION

If the proposed activity requires the use of your work facilities for the activity or leave to undertake the activity, please ensure this section is completed.

I certify that the proposed activity is appropriate to the general facilities of my organisation and that I am prepared to have the activity carried out in my organisation or support leave from work for this activity to be undertaken.

If payment for the proposed activity is to be made to your work facility, please ensure this section is completed.

I certify that this request satisfies all the requirements of this organisation, and that this organisation has established financial administrative processes for assuring sound ethical practice in relation to disbursement of the grant funds.

Surname:	Given name:	Title:
Name of Organisation:		
Position held:		
BH Tel:	Mobile:	
Email address:		
Signature:		Date:

G. CURRICULUM VITAE

Please attach **one page** curriculum vitae that includes the following information:

- Details of qualifications, including year first registered.
- Brief career history, including studies undertaken
- If currently studying, year/date of completion of course
- Publications and/or contribution to the profession.

I APPLICANT AGREEMENT

In signing this section, you certify that all details provided on this application form are true and correct at the time of applying.

Signature:	Date:
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J HOW DID YOU HEAR ABOUT NBVLL GRANTS AND FELLOWSHIPS?

Website

- NBVLL website
- Australian College of Nursing
- Department of Health and Human Services
- Safer Care Victoria
- Facebook
- Google

Other

- Direct Email
- Previous applicant
- Manager
- Colleague/Friend
- Workplace
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TERMS and CONDITIONS

Original receipts will only be accepted. NBVLL grants and fellowships are only for the named recipient. Alcoholic beverages, or incidentals otherwise claimed via salary sacrifice will not be reimbursed. The NBVLL Board of Directors reserves the seek clarification for costs incurred and may request additional information from the recipient. Successful recipients are required to be a reviewer for NBVLL grants and fellowship applications in the calendar year following completion of their grant or fellowship.

CHECKLIST FOR COMPLETION OF APPLICATION



**Nurses Board of Victoria
Legacy Limited**

Before submitting your application, please ensure that you have:

- Completed all relevant sections of the application form
- Included evidence you meet the eligibility criteria. This may include a current practicing certificate or proof of employment.
- A **one page** copy of your Curriculum Vitae (CV)
- Indicated support from host (observational visits only)
- Read and understood terms and conditions of the NBVLL grants and fellowships

Optional