



## Nurses Board of Victoria Legacy Limited Grants and Fellowships

### MINOR GRANTS APPLICATION AND GUIDELINE FORM 2021

Application close at 4pm 27th September 2020

**SUBMISSION OF APPLICATIONS:** It is preferred that applications be typed; however handwritten 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](mailto:loro@ncable.net.au)**

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.

**If you require any assistance in completing this application form call 1800 559 136**

**Eligibility:** Applicants must be a registered nurse and/or midwife or enrolled nurse working in Victoria

#### A APPLICANT DETAILS:

<b>Title:</b>	<b>Given Name:</b>	<b>Surname:</b>
<b>Postal Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Residential Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>BH Tel:</b>	<b>Mobile:</b>	
<b>Email address:</b>		
<b>NMBA Registration ID Number:</b>		
<b>Employing organisation:</b>		
<b>Position held:</b>		

**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 of study/research  
For conference attendance please list event details including dates and location**

**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 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 EXPENSES**

Please note a list of where the funds would be spent.

Office furniture, desks, chairs, computers, Wifi connection or usage, babysitting costs and backfill **do not meet the NBVLL terms and cannot be claimed.**

<b>Item</b>	<b>Amount</b>	<b>Justification/rationale</b>
eg: University course fee	\$2300	required unit of study
eg: Conference fee	\$500	Cost to attend conference
<b>Total Budget</b>	<b>\$</b>	

## 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

<b>Signature:</b>	<b>Date:</b>
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## J HOW DID YOU HEAR ABOUT NBVLL GRANTS AND FELLOWSHIPS?

### Website

- NBVLL website
- Australian College of Nursing
- Previous applicant
- Safer Care Victoria
- LinkedIn
- Google

### Other

- Direct Email
- Previous applicant
- Manager
- Colleague/Friend
- Workplace
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### **CHECKLIST FOR COMPLETION OF APPLICATION**

**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; Eligibility, claimable expenses, agreement

#### **Optional**

- Conference brochure/program if available



**NBVLL**

Nurses Board of Victoria  
Legacy Limited