



## Nurses Board of Victoria Legacy Limited Grants and Fellowships

**Please note applications for the ROSEMARY KELLEY RESEARCH FELLOWSHIP ARE to be submitted on the major grants application form**

**Applications close at 4pm Friday 21st September 2018**

**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](mailto: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"/> <b>ROSEMARY KELLEY TRUST</b> Professional Development	<input type="checkbox"/> <b>ROSEMARY KELLEY TRUST</b> Postgraduate Nursing Course
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**Please note, application for the Rosemary Kelley Research Fellowship (Value: Up to \$20,000) are to be submitted on the major grants form.**

### 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

<b>Surname:</b>	<b>Given name:</b>	<b>Title:</b>
<b>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>		



## 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
<b>Total Budget</b>	<b>\$</b>	

## 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.

<b>Surname:</b>	<b>Given name:</b>	<b>Title:</b>
<b>Name of Organisation:</b>		
<b>Position held:</b>		
<b>BH Tel:</b>	<b>Mobile:</b>	
<b>Email address:</b>		
<b>Signature:</b>		<b>Date:</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
- 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**

#### **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**



**NBVLL**

Nurses Board of Victoria  
Legacy Limited