



Nurses Board of Victoria Legacy Limited Grants and Fellowships

MINOR GRANTS APPLICATION AND GUIDELINE FORM 2019

Application close at 4pm Friday 21st^h 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

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.

Please indicate the type of grant you are applying for: If you require any assistance in completing this application form call 1800 559 136.

<input type="checkbox"/> JUNE ALLEN PRACTICE ENHANCEMENT GRANT	<input type="checkbox"/> MARJORY TAYLOR FELLOWSHIP
<input type="checkbox"/> ENROLLED NURSE PRACTICE ENHANCEMENT GRANTS	<input type="checkbox"/> WILLIAM COOPER FELLOWSHIP

A APPLICANT DETAILS

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

B GRANT PROPOSAL

Please keep proposal within space provided as additional pages will not be considered.

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

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

- Conference brochure/program if available

