

**A+ TRUST ADHB WORKFORCE DEVELOPMENT SCHOLARSHIP  
PROGRAMME 2019-2025**

Please handwrite this form and use a pen.

Applications close Thursday 28 November 2019 5pm.

**1. Applicant Details**

Last Name			
First Names			
Home Postal Address			
Phone			
Email Address			
Date of Birth			
Gender <i>(circle answer)</i>	<b>Male</b>	<b>Female</b>	<b>Gender Diverse</b>
New Zealand Citizen or Resident	<b>Yes</b>	<b>No</b>	

Please confirm your Maori ethnicity here & any other ethnic identify you may have:	<input type="checkbox"/> Māori <input type="checkbox"/> Other: Please identify _____
Please set out your pepeha or whakapapa here including hapu and iwi	

Institute of Study	
Enrolled from	20____ to 20____
Student ID if you have one:	

<p><b>Financial information</b></p> <p><i>Our aim is to recognize and respond to financial hardship through the scholarship programme. Please ensure you provide the information that helps us understand your financial circumstances as a student.</i></p>	<p><u>Total household</u> income for the last financial year to June 30 (please tick the one that best represents your household income circumstances):</p> <p><input type="checkbox"/> Up to \$25,000</p> <p><input type="checkbox"/> \$25,001-\$45,000</p> <p><input type="checkbox"/> \$45,001-\$65,000</p> <p><input type="checkbox"/> \$65,001- and over</p> <p>Please tick if the following are applicable to you:</p> <p><input type="checkbox"/> Single income family</p> <p><input type="checkbox"/> One dependent</p> <p><input type="checkbox"/> Two dependents</p> <p><input type="checkbox"/> Three or more dependents</p> <p>Do you receive public/state income support of any kind (eg, child support, family support, housing/rental assistance, sickness benefit, student allowance)? Please describe the support here and the weekly amount you receive: _____</p> <p>_____</p>
<p><b>Other financial support</b></p>	<p>If you are applying to another scholarship or funding organization to assist you with your course of study, please state to who and the amount you have applied for and or received:</p> <p>Organisation: _____</p> <p>Amount/Year \$ _____</p>
<p><b>Employment</b></p>	<p>Are you in paid employment? Circle one – Yes No</p> <p>If yes who is your employer _____</p> <p>Are you self-employed? Yes No</p> <p>If yes what is your work _____</p> <p>_____</p> <p>How many hours a week do you work: _____</p>

**Tell us about yourself**

**2. Community involvement**

Please describe your community involvement, including your links and relationships with Māori groups. This might be with whānau, hapu, iwi, charity, sporting, the arts, school organizations, church organizations, volunteer work and any other philanthropic activity.

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### 3. Commitment to Auckland DHB as a new graduate?

Please describe your commitment to new graduate practice at Auckland DHB. Include the particular areas which you would like to practice, eg, mental health and addictions, cardiac service, oncology, district nursing, child health, women’s health, community midwifery.

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### 4. Referees

Please provide details of two referees we may contact for a character reference. You should ensure they know we may contact them.

<b>Referees’ name</b>	
<b>Position</b>	
<b>Relationship to you</b>	
<b>Contact number</b>	
<b>Email address</b>	

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<p><b>Checklist</b> <i>Please include a copy of the following documents with your application:</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of New Zealand residency (e.g. birth certificate, passport)</li> <li><input type="checkbox"/> Provide us with copies of your unofficial tertiary academic transcript so far Curriculum Vitae (CV)</li> <li><input type="checkbox"/> Ensure you have provided us with referee details.</li> </ul>
<p>Please ensure your name is on all supporting documents. Do not send original documents or forms of identification. Attach certified copies only.</p>	

<b>For more information contact:</b>	<p><b>Dr Linda M Chalmers</b>  <b>Associate Nurse Director Workforce Development &amp; Learning</b>          Phone: 09 3074949 ext 29573          021 717501 Email: <a href="mailto:LChalmers@adhb.govt.nz">LChalmers@adhb.govt.nz</a></p>
<b>Send completed application (page 3-6 of this document) and supporting documents to:</b>	<p><b>Scholarship Programme Coordinator</b>          Manawa Awhi (Nursing Development Unit)          Level 15          Auckland City Hospital          Private Bag 92024          Auckland, New Zealand.</p> <p>You may also email your application to:  <a href="mailto:LChalmers@adhb.govt.nz">LChalmers@adhb.govt.nz</a></p>

**Declaration**

I declare that all of the information provided in this application, the supporting documentation and the evidence of identification are true and correct.

I agree to participate in a scholarship interview if I am shortlisted.

I understand that if I receive a scholarship through this programme I am required to undertake an employment commitment agreement with Auckland DHB.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_