



- Applications for Health Workforce New Zealand (HWNZ) funding are received annually (formerly known as CTA funding)
- All sections must be completed (**incomplete applications will be returned for completion** – then only considered if returned within time frames)
- No late applications will be considered
- Funding is only available to NZ citizens / residents
- Applications **close on Monday, 31 October 2011 at 16.00 pm**

If you have any concerns please contact:

Declan Rogers (HWNZ Programme Coordinator) 06 – 348 3205
Mobile: 021 243 6334 or e-mail: Declan.Rogers@wdhb.org.nz

Request for HWNZ Funding

For Postgraduate Nursing Papers (*HWNZ required information)

Are you a NZ citizen? Yes / No Do you hold a NZ residency permit? Yes / No
(if yes please attach a copy)

Name _____ Position _____

Date of Birth* _____ Annual Practicing Certificate No* _____
(DD/MM/YYYY)

Employing Organisation _____

PDRP level attained: **Competent** **Proficient** **Expert**
(please circle)

Full time: ✓ / ✗ Part time: 0.5 / 0.6 / 0.7 / 0.8 / 0.9 Male / Female
(please circle) (hours per week) (please circle)

Contact details

Postal address: _____

Email: _____ Phone: _____

(E-mail will be the main form of communication – please check regularly)

Qualification seeking: *please circle* Year Qualification will be complete:

Post graduate Certificate ✓ / ✗	Postgraduate Diploma ✓ / ✗	Masters Degree ✓ / ✗
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Name of University / Polytechnic _____	Is this course a Primary Health or Rural Health Course? <small>(please circle)</small> Primary / Rural / Neither	Are you a Primary Health or Rural Health Nurse? <small>(please circle)</small> Primary / Rural / Neither
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Previous papers completed

Title of Paper	Educational Facility	Completion Date

Papers you intend to complete next year (2012): [please attach a copy of the paper details](#)

Semester <u>1</u> / Semester <u>2</u> / Full year <i>circle</i>	Study Day Dates	Paper No	Paper Name
1 2 F			
1 2 F			
1 2 F			

Costs	Details / Explanations (Please indicate which costs are definite and which are estimates)
Paper fees:	
Travel (subsidy): (count each return trip as one) (Note: one way reimbursement only)	
Accommodation: (subsidy – maximum \$100 per night)	
Other (specify): (clinical mentoring costs when required by the particular training programme or identified by the HWNZ programme coordinator)	
Total:	

*Your **Ethnicity Code: Number**

Iwi / Hapu:

Ethnicity Codes

10	European not further defined (nfd)	37	Other Pacific Island Groups
11	New Zealand European/Pakeha	40	Asian nfd
12	Other European	41	Southeast Asian
21	New Zealand Maori (please state Iwi/ Hapu)	42	Chinese
30	Pacific Island nfd	43	Indian
31	Samoaan	44	Other Asian
32	Cook Island Maori	51	Middle Eastern
33	Tongan	52	Latin American/Hispanic
34	Niuean	53	African (or cultural group of African origin)
35	Tokelauan	54	Other - please state
36	Fijian		



If your application is successful there is an expectation that you will:

- **Successfully complete the paper / course**
- **Feedback knowledge gained to relevant nursing forums through teaching sessions both in clinical settings and wider education settings or complete a quality improvement project related to study undertaken (PDRP templates B, C, H)**
- **If you need to withdraw from a paper / study you will make every effort to access a full refund prior to the tertiary institution withdrawal cut off date, which will then be repaid to employer**

(Please complete your own organisations internal application for training / study/ professional development forms)

By signing this application I agree that:

- I will enrol into the university within the university timeframes
- I will contact the HWNZ Programme Coordinator of **ANY** changes in my enrolment **in writing**
- Failure to complete the Post Graduate Qualification I have indicated (for reasons other than those beyond fair and reasonable causes) I will need to repay any funding received in full to WDHB
- I will provide a copy of my official results at the end of each semester without delay to the HWNZ Programme Coordinator
- I permit and authorise WDHB HWNZ Postgraduate Funding programme to contact the tertiary institution I am studying at, or have studied at, to seek confirmation of my course completion and grade
- I have discussed my application with my employer

Please outline your career plan (page 7). Include how this course of study will contribute to the health priorities of your organisation and your future plans

(please outline reasons for study, relevance to practice and expected outcomes)

Please sign below that you accept this agreement.

Applicant's Name _____

Applicant's Signature _____

Date _____

The information requested in this application form is collected (and stored securely) in accordance with the Privacy Act 1993 for the purpose of assessing your suitability for HWNZ funding, administrative and reporting purposes.

Line Manager / Employer Support

Management Considerations

- Is this study relevant to the performance review goals of the staff member? **Yes / No** (circle one)

- Is this study consistent with identified clinical priorities and service goals / direction for the organisation? **Yes / No** (circle one)

- Does this individual contribute to the organisation (e.g. Resource role, preceptor, clinical leadership, protocol development, etc?) **Yes / No** (circle one)

- Do you support the applicant to undertake this programme / paper (s) and release them for study days? **Yes / No** (circle one)

Manager justifications and recommendation

I have reviewed and discussed the contents of this form with the applicant.

I have considered the implications of clinical coverage should the applicant be successful with this application.

Name of line manager: _____

Signed: _____

Date: _____

By signing this form I fully support and endorse this application for HWNZ funding



Health Workforce New Zealand (HWNZ) Career Plan¹

CAREER DEVELOPMENT GOAL (qualification you hope to complete)	PLANNED ACTIONS (describe the actions you plan to pursue to accomplish your goal)	TIME SCALE	RESPONSIBILITY

To complete this plan please discuss further with: HWNZ Programme Coordinator (Declan Rogers) Signed: _____

¹ To be submitted as part of your HWNZ funding application

FOR YOUR
INFORMATION
ONLY DO NOT
SUBMIT

Post Graduate Education Funding (HWNZ Funding) for Registered Nurses

Trainee Name:	
Criteria [as per Post Graduate Nursing Education Funding from Clinical Training Agency (HWNZ) policy]	✓ Met ✗ not met ✓ / ✗
<ul style="list-style-type: none"> Application completed fully within time frames <u>No late applications will be considered.</u> 	✓ / ✗
<ul style="list-style-type: none"> Hold a current New Zealand Nursing Council Annual Practising Certificate 	✓ / ✗
<ul style="list-style-type: none"> Registered nurses employed in a nursing position in a health service that is funded by Whanganui District Health Board or the Ministry of Health from Vote Health 	✓ / ✗
<ul style="list-style-type: none"> Must be a New Zealand Resident/ Citizen N.B. If not a NZ citizen or resident- unable to fund 	✓ / ✗
<ul style="list-style-type: none"> Application supported by line manager 	✓ / ✗
<ul style="list-style-type: none"> Career plan developed with Nurse Manager and/or Nurse Educator / HWNZ Programme Coordinator to ensure education appropriate to scope, level of practice, and role 	✓ / ✗
<ul style="list-style-type: none"> Priority given to areas of high workforce development need as identified in MOH and WDHB / WRPHO / TOIHA strategic and workforce development documents 	✓ / ✗
<ul style="list-style-type: none"> Preference given to applicants completing their qualification e.g. post graduate certificate. 	✓ / ✗
<ul style="list-style-type: none"> University papers applied for meet New Zealand Nursing Council / New Zealand Qualifications Authority requirements 	✓ / ✗

Signature: _____

HWNZ Programme Coordinator

Date: _____

HWNZ Fund Advisory Group Meeting