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| http://intranetlibrary/templates/NMHlogoandvisualidentitytoolkit/NMH%20Logo/Nelson%20Marlborough%20Health%20Logo%20-%20Full%20Colour.jpg | NMH CAREER DEVELOPMENT SCHOLARSHIP FUND **APPLICATION FORM** |

Prior to submitting your application please ensure you have read the NMH Career Development Scholarship Fund procedure and discuss with your line manager in order to check your eligibility.

Please complete all sections of the form.

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| **Applicants Details** |
| Name |  |
| Job title |  |
| Annual Practicing Certificate details or Professional Body membership details |  |
| Organisation / Service / Area of Work |  |
| Employer |  |
| Hours of work |  |
| Do you have a current Annual Appraisal and Professional Development Plan or PDRP /QLP as applicable to your role? |  Yes No N/A (please circle) |
| Is your mandatory training/education up to date, as applicable to role and service area? |  Yes No N/A (please circle) |
| Have you applied for any other funding? i.e. HWFNZ, Trust, etc |  Yes No (please circle) |
| **Details of Study**  |
| Course Details |  |
| Training/education Provider |  |
| Date(s) |  |
| Location  |  |
| Total Course Costs |  |
| **Level of Employers support** |
| Study leave |   |
| Financial |  |
| Resources |  |
| Other |  |
| ***Attach relevant documentation*** |
| ***Describe how this course of study aligns to NMH Vision and Strategic Direction.*** *Please note any links to Ki Te Pae Ora (details available on both NMH public and internal sites, you can also discuss this with your line manager and / or professional leader)* |
|  |
| ***Describe how the course of study links with the service delivery requirements of your area.*** |
|  |
| ***How will this study fit with our equity plans across NMH wide services?*** |
|  |
| ***Describe how the course of study links with your agreed career development plan.*** |

Applicant Name: Signed: Date:

Line Manager Name: Signed: Date:

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| --- |
| **Authorisation**NMH Career Development Scholarship Fund supports  *(Name of applicant)* in their application to attend  *(course name)*Name Signed Date *Chair NMH Career Development Scholarship Fund Committee***Agreed Support**   **Actions**      |