

SUNSHINE COAST BRANCH

Scholarship Guidelines

PURPOSE:

To assist experienced or novice perioperative nurses in their professional learning and development, which may be undertaken through attendance at a conference, seminar or workshop related to perioperative practice.

PROCESS AND THE APPLICATION FORM:

- Scholarship applications are reviewed four (4) times per year @ the **February / June / August and October** meetings.
- Applications must be lodged with the Secretary of the Sunshine Coast Branch of PNAQ Inc. at least one (1) week prior to the meeting when applications are being reviewed. Applications may be lodged in advance of these meeting dates.
- Applications can be submitted on the application form or online via the PNAQ website www.pnaq.net.au (Sunshine Coast Branch page).
- The application is to be tabled as an agenda item for discussion and approval.
- The application form is to be ratified by the Secretary of the Sunshine Coast Branch of PNAQ Inc.
- Scholarship applicants will be notified of the success of their application as soon as possible after the meeting.

SELECTION CRITERIA:

Scholarship applicant must be:

- A continuous financial member of PNAQ Inc. for more than 2 years unless the applicant is a graduate or a novice perioperative nurse (committee discretion).
- A regular attendee at PNAQ Inc. meetings i.e. at least 3 per year + AGM. (AGM attendance at discretion of committee).

CONDITIONS:

- Scholarship applications are to be related to perioperative practice.
- Scholarship applications are reviewed four (4) times per year.
- Scholarship will be allocated according to available funds in any one (1) year as per the branch budget.
- The amount of financial assistance will be up to **\$500.00** per person.
- Scholarship will be limited to any individual once in any two (2) year period.
- On return from the event the successful applicant/s shall present a report to the members at the next general meeting. A written report is also to be sent to the Secretary of PNAQ Inc. Sunshine Coast Branch. PNAQ Inc. Sunshine Coast Branch shall have the right to retain and publish the report.
- If a report is not received within the specified time, the Association reserves the right to request return of monies received.
- The decision of the committee is final and no correspondence will be entered into.

REPORT GUIDELINES:

- Outline how the Scholarship has assisted in improving perioperative practice
- Minimum of 250-500 words (1 page)
- Referenced
- Typed on A4 paper
- Be suitable for publication in the PNAQ Inc. newsletter
- Be sent to the Secretary of PNAQ Inc. Sunshine Coast Branch within 1 month (4 weeks) after returning from the event

Please return your completed application form to:

**The Secretary
PNAQ Inc Sunshine Coast Branch
P.O. Box 2535
NAMBOUR WEST 4560 QLD**

OR

Email to: sunshinecoast@pnaq.net.au



SUNSHINE COAST BRANCH

Scholarship Application Form

Full Name Ms/Mrs/Miss/Mr _____

Address for Correspondence _____

Postcode _____ Email Address _____

Telephone Numbers [Home] _____ [Work] _____ [Mobile] _____

PNAQ Inc. Membership Number _____ Year Joined _____

Current Employer _____

Current Position Held _____

Briefly outline the perioperative event you wish to attend. Please attach supporting literature [e.g. conference program] to this application form

Briefly describe the benefits this conference will provide for your perioperative nursing practice area

Total Amount of Assistance Requested: \$

Breakdown of Costs:	Registration	\$
	Airfares	\$
	Accommodation	\$

Have you sought assistance from any other source to attend this event? Yes/No

If so, please provide details _____

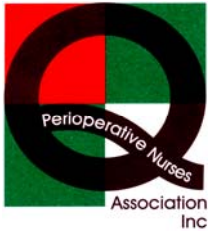
Have you previously received a PNAQ Inc. Sunshine Coast Branch Scholarship? Yes/No

[If Yes] Year Received _____ Amount Received _____

I agree to abide by the scholarship guidelines printed on the reverse of this form

Signature _____ Date _____

Date Received by Secretary _____



SUNSHINE COAST BRANCH

Scholarship Criteria Scoring Form

Date Application Received by Branch Secretary _____

Applicant's name _____

Scoring Process

- ❖ Continuous financial PNAQ Inc. member with more than 2 years membership

0 1 2 3 4 5 6 7 8 9 10
[no] [yes]

- ❖ Attended three (3) PNAQ Inc. meetings per year + AGM?

0 1 2 3 4 5 6 7 8 9 10
[no] [yes]

- ❖ Application meets PNAQ Inc. Sunshine Coast Branch Scholarship Guidelines?

0 1 2 3 4 5 6 7 8 9 10
[no] [yes]

- ❖ Event is beneficial to perioperative nursing practice in the applicant's hospital?

0 1 2 3 4 5 6 7 8 9 10
[no] [yes]

- ❖ Has the applicant received funding from the PNAQ Inc. Sunshine Coast Branch for education development in the preceding two (2) years?

0 1 2 3 4 5 6 7 8 9 10
[yes] [no]

Scoring Result [mark out of 50] _____

Amount Granted \$ _____ Cheque # _____ Date Paid _____

Committee Members Signatures

1. [Chairperson] _____
2. [Treasurer] _____
3. [Secretary] _____
4. [Country Liaison Officer] _____