

# Victorian Stroke Clinical Network 2017 Scholarship Application Questions

## VSCN 2017 Scholarship Application Questions

Please note that you will not be able to save your entry for completion at a later date. Please ensure you use these questions and prepare your submission on a word document to facilitate your entry into the online application.

Question	Word Limit
<b>YOUR CONTACT INFORMATION</b>	
Title? Given Name Family Name Address <ul style="list-style-type: none"> <li>• Number/Street</li> <li>• Suburb</li> <li>• Post Code</li> </ul> Preferred telephone number <ul style="list-style-type: none"> <li>• Work</li> <li>• Mobile</li> <li>• Home</li> </ul> Preferred Email	Not applicable – free text
<b>CONFERENCE INFORMATION</b>	
Which Conference Scholarship are you applying for?	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. 27th Annual Scientific Meeting of the Stroke Society of Australasia - Queenstown NZ</li> <li>2. Smart Strokes 2017 - Gold Coast QLD</li> </ol>
Have you already registered and paid to attend this Conference?	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Are you a nurse?	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Do you work in a regional or remote area?	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

Question	Word Limit
<b>CRITERION 1</b>	
Are you an Australian Citizen or a permanent resident of Australia?*	Not applicable - multiple choice 1. Yes 2. No
<b>CRITERION 2</b>	
Do you have Australian Health Practitioner Registration Agency (AHPRA) registration?	Not applicable - multiple choice 1. Yes 2. No
Do you hold a qualification recognised by your professional association within Australia?	Not applicable - multiple choice 1. Yes 2. No
What is your AHPRA registration number	Not applicable – free text
<b>CRITERION 3</b>	
Are you currently employed, in the Victorian public health sector (0.5 FTE to full time)?	Not applicable - multiple choice 1. Yes 2. No
Have you been employed for a minimum of 6 months continuous service in your current role?	Not applicable - multiple choice 1. Yes 2. No
Is the care of stroke patients a significant part of your case load (>50%)?	Not applicable - multiple choice 1. Yes 2. No
Employment Status	Not applicable - multiple choice 1. Full Time 2. Part Time
Part time employees: What fraction are you employed?	Not applicable - multiple choice 1. 0.5 2. 0.6 3. 0.7 4. 0.8 5. 0.9
<b>CRITERION 4</b>	
Please confirm the details of your current position <ul style="list-style-type: none"> <li>• Health Service Name</li> <li>• Campus</li> <li>• Position</li> <li>• Area of practice</li> </ul>	Not applicable – free text
Does your employer support your attendance at the conference you have indicated you wish to attend with this scholarship?	Not applicable - multiple choice 1. Yes 2. No
Is your employer aware of leave requirements and other expenses (travel etc.) that are related to attending this conference?	Not applicable - multiple choice 1. Yes 2. No

Question	Word Limit
Please provide the contact details of your direct line manager who will be required to endorse this application <ul style="list-style-type: none"> <li>• Manager Name:</li> <li>• Manager Title/Role:</li> <li>• Manager email address:</li> <li>• Manager phone number:</li> </ul>	Not applicable – free text
<b>CRITERION 5</b>	
<b>Relevant clinical or other professional experience:</b> Please provide a brief summary of relevant professional / clinical experience you have that substantiates your application for a scholarship. Include information about previous positions, length in post, relevance to stroke care.	maximum 300 words
<b>Relevant Undergraduate / Postgraduate Qualifications:</b> Please provide a brief summary of relevant undergraduate or postgraduate study or courses that you have undertaken that substantiate your application. Details may include: Name of course/program, year of completion, Institution/education Provider.	maximum 300 words
<b>Commitment to area of practice:</b> Provide a description of your commitment to the area of stroke clinical practice. Include information about professional memberships, presentations, education or research activities, self-directed learning in a specific theme relating to stroke, journal subscriptions, or a statement about how attendance at this conference will assist your intended career path.	maximum 300 words
<b>Knowledge transfer to benefit organisation:</b> Describe how your health service will benefit from your attendance at the conference. For example, you may give a presentation, evaluate care practices, develop a care protocol, or contribute to an existing project. Indicate how the conference will address your clinical interests.	maximum 300 words
<b>SUPPLEMENTARY INFORMATION</b>	
Have you received a scholarship or funding from the Department of Health & Human Services in the past 5 years?	Not applicable - multiple choice 1. Yes 2. No
Have you received a scholarship or funding from the Victorian Stroke Clinical Network in the past 5 years?	Not applicable - multiple choice 1. Yes 2. No

Question	Word Limit
Please provide details regarding the previous funding you have received <ul style="list-style-type: none"> <li>• Funder</li> <li>• Purpose</li> <li>• Year awarded</li> <li>• Amount: \$</li> </ul>	Not applicable –free text
Have you been awarded a scholarship, grant or professional development funding from another source to attend the SSA or Smart Strokes 2017 Conference (eg employer, professional body, etc)	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Please provide details regarding the previous funding you have received <ul style="list-style-type: none"> <li>• Name of source</li> <li>• Purpose of funding? Eg registration, travel costs</li> <li>• Amount: \$</li> </ul>	Not applicable –free text
<b>DECLARATION</b>	
To the best of my knowledge the information I have provided is true and correct. I have read the Applicant guidelines and agree to abide by the criteria and conditions for applicants. I understand that scholarships are allocated at the discretion of the Department of Health & Human Services and that the decision of the Department is final. I understand that I may be contacted in the future for evaluation purposes to assess the impact of the Victorian Stroke Clinical Network scholarship program. I understand that my contact details will be added to the Victorian Stroke Clinical Network email list and I will receive ongoing correspondence about the Network's activities as a result of this application. By submitting this application I agree to the above conditions.	Not applicable - multiple choice <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<b>Privacy Statement:</b> The Department of Health & Human Services is collecting your personal information to allocate scholarships and for the development of policy relating to the Victorian Stroke Clinical Network. Your information may be disclosed to named employers and universities in order to assist us in assessing your eligibility, for data collection and for administration purposes. You can access your personal information held by the Department by contacting the Victorian Stroke Clinical Network on 9096 1297 or by email on <a href="mailto:stroke.clinicalnetwork@dhhs.vic.gov.au">stroke.clinicalnetwork@dhhs.vic.gov.au</a> . You may choose to give some or none of the information requested, however we may be unable to process your application.	

## Further information

Information regarding the VSCN Conference scholarship 2017 Program, including information on how to apply can be found on the [Victorian Stroke Clinical Network website](#) or by contacting the Program Manager, Sonia Denisenko, on 9096 1297 or [Sonia.Denisenko@dhhs.vic.gov.au](mailto:Sonia.Denisenko@dhhs.vic.gov.au)

**The closing date for applications is Monday 15 May at 5.00pm**