

# Postgraduate Mental Health Nurse Scholarship Program

Semester 2, 2019

## Application Form

Closing time and date: **11:59 PM Friday 12<sup>th</sup> July 2019**

**Applicant information (Note Applications must be typed on the fillable pdf form provided; handwritten applications will not be accepted).**

Title		Surname			
Given name[s]					
Street address					
Suburb		State		Postcode	
Postal address					
Suburb		State		Postcode	
Email address				Contact number	
Do you identify as an Aboriginal and/or Torres Strait Islander? <i>(please tick appropriate box)</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Previous scholarship

Have you received a Postgraduate Mental Health Nurse Scholarship from the Victorian <i>Department of Health and Human Services</i> (previously the <i>Department of Health</i> )? <i>(please tick appropriate box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, record the semester and year you received the previous scholarship.		
What was the Course Study Name?		
Name of institution which you received the previous scholarship?		

### Other financial support

Do you receive funding from another source to support your studies? E.g. employer, professional body etc. Exclude wages or other funding that you are required to repay in full. <i>(Please tick appropriate box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funding provider		Amount \$

## Education history

Provide details of relevant post-secondary qualifications (attempted and/or completed) – Add more rows if required			
Year completed	Course code and name	Course provider	Comments
2018	0727 - Bachelor of Nursing	Monash University	EXAMPLE

## Course details

Course code and name						
Course provider						
Address/Campus						
Suburb		State		Postcode		
Course Start Date (DD/MM/YY)		Expected Completion Date (DD/MM/YY)				
Do you intend to exit (complete) the degree at a different award level? (please tick appropriate box)		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
		Graduate/Postgraduate certificate <input type="checkbox"/>		Graduate/ Postgraduate diploma <input type="checkbox"/>		
Study load (EFTSL) (please tick appropriate box)		Full time <input type="checkbox"/>		Part time <input type="checkbox"/>		
		On-campus <input type="checkbox"/>		Off-campus <input type="checkbox"/>		
Course payment type (please tick appropriate box)		Commonwealth supported <input type="checkbox"/> (HECS-HELP)	Full Fee (FEE-HELP) <input type="checkbox"/>	Direct payment to university <input type="checkbox"/>	Combination <input type="checkbox"/>	Unknown <input type="checkbox"/>

## Clinical and Work Experience

Please provide details of relevant clinical and work experience, including the role[s] you will be in during your course of study.				
Dates	Service	Position	Clinical / professional experience / service	Comments
<i>February 2019 to February 2020</i>	<i>Alfred Health</i>	<i>Health Service Graduate Nurse Program (Mental Health stream)</i>	<i>February – June 2019 – Adult inpatient unit June-October 2019 – Aged persons mental health October-February 2020 – Residential Alcohol and Other Drug Service</i>	<i>EXAMPLE</i>

## Professional development

Please outline previous and upcoming professional development activities.		
Professional development activity	Year	Comments
MHPOD topic - Mental health histories and MSE	2018	EXAMPLE
ASSIST Suicide Intervention Training	2019	

## Commitment to mental health nursing

Provide a 200 Word statement outlining your commitment to mental health nursing
<p><i>Your statement may include: research activities; self-directed learning or career aspirations in mental health nursing. Provide a rationale for undertaking the course of study. How will this enhance your professional practice?</i></p>

## Applicant Declaration

I declare that the information I have provided is true and correct. I have read the applicant guidelines and agree to the scholarship conditions if my application is successful. I understand that scholarships are allocated at the discretion of the department and that the decision is final.

Applicant Name:	Signature:	Date:
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## Privacy Statement

The Department of Health and Human Services is collecting your personal information to allocate scholarships and for the development of policy relating to the nursing workforce. 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 view the Department of Health and Human Services Privacy Policy at (<http://www.health.vic.gov.au/privacy.htm>).

Director of Mental Health Nursing endorsement

Director of Mental Health Nursing endorsement is a mandatory requirement.	
Director of Mental Health Nursing Name:	
Area Mental Health Service:	
Contact Number:	
<p>I declare that as Director of Mental Health Nursing at a Victorian public health service:</p> <ul style="list-style-type: none"> <li>• I support the applicant's course of study in mental health nursing / advanced mental health practice</li> <li>• I have verified that this application form is complete and accurate</li> <li>• I can confirm that the applicant is employed (or about to commence employment) in the Victorian area mental health service listed above.</li> </ul>	
Signature:	Date:

**Department of Health and Human Services  
Application for Direct Deposit Payment Form**

Name (Scholarship Recipient):

Address:

Email Address:

Title (Agency/Company):

Telephone & Fax Number:

Bank Name:

Branch:

BSB No:

Account No:

Account Name:

Please attach a copy of one of the following account verification

- **Bank Statement** (*Only require Account Name, BSB No and Account No. Please do not include transaction history blank this section out*).
- **Official confirmation of account letter**

Signature:

Date:

This form is part of your application and will need to be scanned with your signature. Submit your application via email to: [mhnursescholarships@dhhs.vic.gov.au](mailto:mhnursescholarships@dhhs.vic.gov.au)

## Supporting Documentation

Applicants are required to submit a number of supporting documents at the time of application.

**PLEASE NOTE: Failure to provide all supporting documents means your application will not be considered.**

Are All Supporting Documents Attached?	Included? (please mark)
<b>Applicant Declaration</b>	<input type="checkbox"/>
Applicants must ensure that:	
<ul style="list-style-type: none"> <li>You have signed and dated the Applicant Declaration</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>That the Director of Mental Health Nursing has filled in the Endorsement Section of the Applicant Declaration Form and has signed and dated the form.</li> </ul>	<input type="checkbox"/>
<b>Evidence of Australian citizenship or permanent residency or New Zealand citizenship</b> (Applicants from New Zealand must submit a copy of their current passport)	<input type="checkbox"/>
Copy of current <b>Nursing and Midwifery Board of Australia registration</b> – front and back – showing name, registration number, endorsements and if there are conditions or restrictions on registration	<input type="checkbox"/>
Evidence of enrolment, which may be in the form of:	
<ul style="list-style-type: none"> <li>An <b>official university enrolment letter</b> OR</li> <li>An <b>official Student Tax Invoice</b> or <b>Statement of Account</b></li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Information provided <i>must</i> include:	
<ul style="list-style-type: none"> <li>The names of enrolled units, subjects or courses for Semester 2 2019</li> <li>The enrolment status – part time / full time course load</li> <li>The type of place– e.g. Commonwealth Supported Place (CSP), Full-fee paying (FFP-HELP) or direct payment to academic institution.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## How to submit

### Email

[MHNurseScholarships@dhhs.vic.gov.au](mailto:MHNurseScholarships@dhhs.vic.gov.au)

**(pdf., .jpeg and tiff. files only)**

Note: please print the form, sign the declaration and obtain Senior Psychiatric Nurse endorsement *before* scanning and emailing the application form (with supporting documents) to the above email address.

***Late applications will not be considered.***

***Applications must be typed in the fillable PDF document provided.***

***All supporting documents must be included***

### Contact

Phone: 03 9096 8311 or 03 9096 7571

Email: [MHNurseScholarships@dhhs.vic.gov.au](mailto:MHNurseScholarships@dhhs.vic.gov.au)

This document is available as a fillable PDF document on the internet at:

[www.health.vic.gov.au/mentalhealth/careers/benefits.htm](http://www.health.vic.gov.au/mentalhealth/careers/benefits.htm)

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