# **Green Lane Research and Educational Fund**

# A Guide to Applicants for Research and Other Support



Charities Commission registration CC21111

#### 7. THE MORNINGTON BRENNAN NURSES SCHOLARSHIP

## 7.1 Purpose

The Mornington Brennan Nurses Scholarship provides financial assistance to nursing staff doing post-graduate study. The annual scholarship is valued at \$5000 and will be used to reimburse course fees only. This award is aimed at nurses who suffer financial hardship to whom other assistance to meet course fees is not available. It may be shared among one or more deserving persons.

#### 7.1.1 Applications

Applications will close on **28 August** for review by the Trustees in October. The **original** (hard copy with signatures) of the application is required and should be typed on A4 paper and forwarded to the Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland. Alternatively they may be delivered to the Fund Administrator c/o Cardiology Department, Level 3, Auckland City Hospital and 1 electronic copy to email: SOConnell2@adhb.govt.nz.

#### 7.1.2 Application form overleaf

### **GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD**

Address all correspondence to:

Sarah O'Connell
Administrator Green Lane Research & Educational Fund Board
PO Box 110042
Auckland City Hospital
AUCKLAND 1148

Tel: +64 9 3074949 ext 23730 Email: SOConnell2@adhb.govt.nz



#### THE MORNINGTON BRENNAN NURSES SCHOLARSHIP

(Closing date 28 August) Name:\_\_\_ \_\_\_\_\_ Employee No:\_\_\_\_\_ \_\_\_\_\_ Department: \_\_\_\_\_ How long have you held this position? Contact phone number: \_\_ Certificate □ Diploma □ Planned post-graduate study: Masters □ None of these □ Planned start date: \_\_\_ Planned programme: \_\_\_ Anticipated completion date: Anticipated total cost: \_\_\_ Current post-graduate study: Certificate □ Diploma □ Masters □ None of these □ Date started: \_\_\_ Achievements to date: \_\_\_ Planned programme henceforth: \_\_\_

Anticipated completion date:	
Anticipated total cost:	
Funding request – please state amounts in NZ	ZD and attach evidence of costs
This award is aimed at nurses who suffer fi ees is not available. Why should you receiv	inancial hardship to whom other assistance to meet course ve this award?
Oo you receive CPE? Yes/No	Annual CPE Balance: \$
•	e): \$
Vhat do you use your CPE for?	
, ,	
lave you applied to ADHB, the A+ Trust or a	any other body for funding for post grad study? Yes/No
yes, please give details of application:	
Result:	

Applicant signature:	Date:	
(1) CHARGE NURSE or SERVICE MAN	IAGER	
.,		
Please provide your recommendations ar	d comments on this application.	
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	<b>D</b> 4	
Name:	Date:	
Signature:		

Please send your completed application form to Sarah O'Connell, Cardiology Department, Level 3, Auckland City Hospital or to GLREF, PO Box 110042, Auckland City Hospital, Auckland 1148.