

## **Green Lane Research and Educational Fund**

# **A Guide to Applicants for Research and Other Support**



*Clinical Excellence Through  
Research and Education*

*Charities Commission registration  
CC21111*

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## **7. THE MORNINGTON BRENNAN NURSES SCHOLARSHIP**

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### **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 **31 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](mailto: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



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## THE MORNINGTON BRENNAN NURSES SCHOLARSHIP

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(Closing date 31 August)

**Name:** \_\_\_\_\_ **Employee No:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**How long have you held this position?** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Planned post-graduate study:** Certificate  Diploma  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: \_\_\_\_\_

\_\_\_\_\_

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Anticipated completion date: \_\_\_\_\_

Anticipated total cost: \_\_\_\_\_

**Funding request** – please state amounts in NZD and attach evidence of costs

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**This award is aimed at nurses who suffer financial hardship to whom other assistance to meet course fees is not available. Why should you receive this award?**

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**Do you receive CPE?** Yes/No                      **Annual CPE Balance:** \$ \_\_\_\_\_

Current CME balance (please attach Kiosk page): \$ \_\_\_\_\_

What do you use your CPE for? \_\_\_\_\_

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**Have you applied to ADHB, the A+ Trust or any other body for funding for post grad study?** Yes/No

If yes, please give details of application: \_\_\_\_\_

Result: \_\_\_\_\_

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\_\_\_\_\_  
**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(1) CHARGE NURSE or SERVICE MANAGER**

Please provide your recommendations and comments on this application.

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\_\_\_\_\_

**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.