

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*

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 **26 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



*Clinical Excellence Through
Research and Education*

*Charities Commission
registration CC21111*

THE MORNINGTON BRENNAN NURSES SCHOLARSHIP

(Closing date: 26 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: _____

Anticipated completion date: _____

Anticipated total cost: _____

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

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?

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

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

What do you use your CPE for? _____

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: _____

Applicant signature: _____ **Date:** _____

(1) CHARGE NURSE or SERVICE MANAGER

Please provide your recommendations and comments on this application.

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.