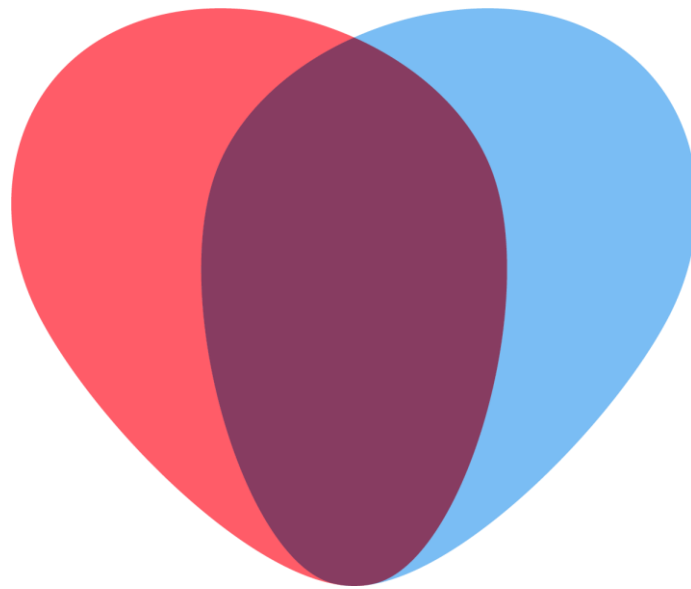


# Heart Lung Foundation



## Post Graduate Study Scholarship Application

*Charities Commission Registration CC21111*

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## 4. Post Graduate Study Scholarship

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To be eligible, Post Graduate Study Grant applicants must be current clinical employees of ADHB from one of the five departments represented by the Trust. Medical staff receiving CPE would not usually be eligible. Nurses, technicians and other paramedical staff who do receive CPE will have their CPE balance at the time of application taken into consideration when awarding Conference/Travel Support. The Trustees would normally expect applicants to exhaust their CPE funds before accessing Heart Lung Foundation (HLF) funding.

Post Graduate Study Grant must be used within one year of being awarded for travel from and return to, or within, New Zealand. Awards will be automatically forfeited if not used within a 12-month period unless written approval for a time extension is obtained from the Trustees. Awards cannot be used for courses from an overseas base.

### 4.1.1 Applications

Applications should be in typescript on A4 paper and follow the format set out in part 4.1.11. Please email an **electronic original (with signatures) to Sarah O'Connell: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**. **There is no need for a hard copy.**

The proposed research for the duration of the scholarship should be presented in a clear and concise manner with sufficient detail to enable the Trustees to be fully appraised. Copies of any independent scientific evaluation of the proposed research (e.g. from NHF, HRC, AMRF) should be included.

### 4.1.2 Guidelines for applicants

Please note that:

- The Post Graduate Study Grant is usually awarded only to staff members who have been in their role for 2 years or more.
- If you receive funding one year, it is unlikely that you will receive it again the next.
- Post Graduate Study Grant funding cannot be applied for retrospectively but must be awarded before the start of your studies.
- CPE must be used before drawing on HLF funding.

Expenses that can be claimed under HLF support are:

- New Zealand University Fees: reimbursement can either be directly made to the institution.

### 4.1.3 Reimbursement of Expenses

- Complete the online CPE claim form then email the original receipts to the financial approver as detailed on the online form. Print a copy of the claim page to send to HLF.
- Email HLF copies of all the receipts. If these expenses have been charged to a credit card, please also send copies of the relevant parts of the statement to show the exact amounts charged in NZD.
- HLF will reconcile the receipts against the travel award then reimburse the CPE account. If you paid for some of the expenses yourself, you will be reimbursed for these through payroll. Please note you will not receive payment directly from HLF.
- The funding number (which is advised in the letter from HLF when you are awarded funding) should be quoted on all correspondence.

### 5.1.5 Travel Funding Application form overleaf.

All applications should be prepared using the information provided on the following pages.

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## Post Graduate Study Grant Application

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(Closing dates: 25 July)

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

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

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

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

### Post-Graduate Study Scholarships

Course you wish to attend: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Title of Post-Graduate Study Paper(s): \_\_\_\_\_

Date Course starts and location: \_\_\_\_\_

**Funding request** – please state amounts in NZD and attach evidence of costs (e.g. downloaded web pages)

**Total Cost of Course:** \_\_\_\_\_ **Total Application costs less CME balance:** \_\_\_\_\_

**Do you receive CME?** Yes/No \_\_\_ **Current CME balance (please attach Kiosk page):** \$

**Have you received Post-Grad support from HLF before?** Yes/No \_\_\_ **If yes, when:** \_\_\_\_\_

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

<b>For HLF use only:</b>	<b>Payment:</b>
Application Number: _____	Expense code: _____
Date: _____	Date: _____
Approved: Yes/No _____	Amount: _____
Amount: _____	DC ADHB <input type="checkbox"/> Applicant's bank AC <input type="checkbox"/>

### (1) NURSE MANAGER or SERVICE MANAGER

Please provide your recommendations and comments on this application.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Checklist:

- Have you answered every question? Please don't leave any blanks.
- Have you attached evidence of all expenses you wish to receive funding for?
- Have you attached the Kiosk page which shows your current CPE balance?
- Have your Charge Nurse or Nurse Unit Manager or Manager provide written support?

Please email an **electronic original** Sarah O'Connell: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz).  
**There is no need for a hard copy.**