

Office Use Only

Grant ID #: 09 / EDS / _ _ _



EDUCATION SCHOLARSHIP

CLOSING DATE: 3 April 2009



SECTION A – ADMINISTRATIVE SUMMARY

A.1 Application Title

Provide a short descriptive title. No more than 200 characters

A.2 Administering Institution

A.3 Actual Institutions

In some cases the institution that will administer this application may differ from the institution(s) where you actually work. Please list all institutions where you work.

A.4 Applicant Details

The contact details should be those that apply when the application is submitted

| | | | | | |
|---------------|--|------------|--|----------|--|
| Title | | First Name | | | |
| Last Name | | | | | |
| Email Address | | | | | |
| Mobile | | | | | |
| Telephone | | | | | |
| Address 1 | | | | | |
| Address 2 | | | | | |
| Address 3 | | | | | |
| Suburb | | State | | Postcode | |
| Institution | | | | | |
| Citizenship* | | | | | |

**Non-Australian Citizens/Non-Permanent Residents are welcome to apply. You will need to provide proof of residency to the Cancer Institute NSW if successful.*

A.5 Administering Institution Contact

| | | | | |
|------------|--|-------|--|--|
| Last Name | | | | |
| First Name | | AIC # | | |

A.6 Summary

In lay terms summarise the research, referring to aims, significance and expected outcomes suitable for Cancer Institute NSW website and media release. **No more than 800 characters**

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A.7 Broad Area of Study

Choose relevant Broad Areas of the proposed study and allocate percentages to each area – max 4 (must add up to 100%)

| Area | % | Area | % | Area | % | Area | % |
|------|---|------|---|------|---|------|---|
| | | | | | | | |

A.8 Clinical Groupings

Choose relevant [Clinical Groupings](#) and allocate percentages to each group selected– max 4 (must add up to 100%) if multiple types, please select A00-100% (All types)

| Grouping | % | Grouping | % | Grouping | % | Grouping | % |
|----------|---|----------|---|----------|---|----------|---|
| | | | | | | | |

A.9 Clinical Field(s) of Work

Choose relevant Clinical Field(s) of Work that this proposal relates to and allocate percentages to each group selected– max 4 (must add up to 100%)

| Fields | % | Fields | % | Fields | % | Fields | % |
|--------|---|--------|---|--------|---|--------|---|
| | | | | | | | |

A.10 Clinical Appointment

Please select only one. If there is more than one Type of Appointment please choose the one that relates to the most hours per week.

A.11 Location of Work

Please select only one. If there is more than one Location of Work please choose the one that relates to the most hours per week.

A.12 Priority Areas

Please indicate the extent to which the application focuses on any of the following areas (You may choose more than one area of focus) Notes: **Main Focus** = more than 50% of time and/or funds will go towards this area
Some Focus = more than 10% but less than 50% of time/funds towards this area
No Focus = not a focus for this Proposal

| | |
|--|--|
| Improving access to services for rural or remote persons | |
| Developing New or Improved Models of Care | |
| Indigenous Populations | |
| Culturally and Linguistically Diverse Populations | |

SECTION B – BUDGET

B.1 Budget requested for Education Support

Where the total course costs exceed \$20,000 (max. available through this grant) additional resources must be identified below. *Expenses such as text books are not covered by this grant*

| BUDGET ITEM/DETAILS | | | \$ Year 1 | \$ Year 2 | \$ Year 3 |
|--|--|--------------------------|-----------|-----------|-----------|
| Semester 1 Subject Codes | | Semester 2 Subject Codes | | | |
| Year 1 | | | | | |
| Year 2 | | | | | |
| Year 3 | | | | | |
| Residential activity expenses e.g. Accommodation, Travel (If distance education) | | | | | |
| TOTAL | | | | | |

| | |
|--------------------------------|--|
| TOTAL FUNDING REQUESTED | |
|--------------------------------|--|

B.2 Additional Resources

- i) Does the total cost of this course exceed \$20,000?
- ii) If yes, please detail the additional funding sources
No more than 800 characters

SECTION C - APPLICANT INFORMATION

C.1 Applicant

| | | | |
|--------------------------|--|-------------------|--|
| Title | | First Name | |
| Last Name | | | |
| Employment Status | | FTE | |

C.2 Current Manager/Supervisor

| | | | | | |
|----------------------|--|-------------------|--|-----------------|--|
| Title | | First Name | | | |
| Last Name | | | | | |
| Email Address | | | | | |
| Mobile | | | | | |
| Telephone | | | | | |
| Address 1 | | | | | |
| Address 2 | | | | | |
| Address 3 | | | | | |
| Suburb | | State | | Postcode | |

C.3 Qualifications

List all qualifications specifying the level of honours awarded if any. Attach a photocopy of the official statement of your academic results as issued by the Registrar of the University (ies)/Institution(s) concerned to all hard copies of this application. Please include a copy of explanation of result grades. Separate mention should be made of any distinctions or awards gained if they are not included in the official statement.

| Year | Qualification | Grade | Institution |
|-------------|----------------------|--------------|--------------------|
| | | | |
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C.4 Relevant Professional and Industrial Experience

List current and previous appointment(s) (maximum 4).

| Year | Position Held | Organisation | Department |
|------|---------------|--------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

C.5 List top 5 Publications (if applicable)

List publications, including those in press (include acceptance date), such as refereed journal articles, other articles, reviews, abstracts and posters. Where publications are jointly authored, indicate the scope of your contribution to the publication.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

SECTION D - EDUCATION SCHOLARSHIP PROPOSAL

D.1 Course Details

Please attach 2009 enrolment confirmation from course provider to original copy of application

| | | | | | | | | |
|---|--|--|--------------|--------------|--|---------------|-----------------|--|
| Education Course Title | | | | | | | | |
| Course ID Number | | | | | | | | |
| Course Elements Major components | | | | | | | | |
| Course Type (e.g. diploma, short course) | | | | | | | | |
| Delivery mode (e.g. full-time, distance, on site attendance) | | | | | | | | |
| Course Provider | | | | | | | | |
| Address 1 | | | | | | | | |
| Address 2 | | | | | | | | |
| Address 3 | | | | | | | | |
| Suburb | | | | State | | | Postcode | |
| Course Duration | | | Start | | | Finish | | |

D.2 Educational Aims

Clearly describe the aims and objectives of undertaking the proposed education program in the key areas identified below

a) Enhancement of Clinical Skills

*Provide a rationale describing how the course will add clinical skills, knowledge and understanding that will benefit the care of cancer patients in NSW. **No more than 1500 characters.***

b) Oncology Career Development Pathway

*Provide details of your planned pathway following completion of the Scholarship. **No more than 1500 characters.***

D.3 Background

*Include details of any evidence of the educational course effectiveness (Eg no of graduates per year, areas of oncology where graduates are employed, areas where course graduates are making a research or client care impact etc) **No more than 1500 characters.***

D.4 Educational Program significance and Innovation (if applicable)

*eg interdisciplinary content, practicum component, training in use of new technologies for patient care etc. **No more than 1500 characters.***

D.5 Communication of Results

Detail your plans for applying/transferring the skills you will gain through participating in the education program
No more than 800 characters.

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SECTION E – REQUIRED DEPARTMENT HEAD REPORT AND REFERENCE

The Cancer Institute NSW will treat all reports in-confidence

E.1 Department Head Report

The Department Head should comment on your potential to undertake the proposed study program and your career pathway plans and provide an assessment relating to the selection criteria.

| | |
|--------------------|--|
| Full Name | |
| Institution | |

- Use the Form in **Appendix 1**.
- The Department Head Report must be completed and signed by the Department Head.
- **The Department Head must submit this report DIRECTLY to the Grants Secretariat, Cancer Institute NSW by 5pm, 3rd April 2009.**

E.2 Referee Report

The Referee should comment on your potential to undertake the proposed study program and your career pathway plans and provide an assessment relating to the selection criteria.

| | |
|--------------------|--|
| Full Name | |
| Institution | |

- Use the Form and Guideline to Referee in **Appendix 2**.
- This reference must be completed and signed by the Referee.
- **The Referee must submit this report DIRECTLY to the Grants Secretariat, Cancer Institute NSW by 5pm, 3rd April 2009.**
- **It is the responsibility of the applicant to ensure both reports are submitted on or before the due date or the application may be considered incomplete.**

APPLICATION CHECKLIST

The following checklist must be completed prior to submission.

Incomplete applications may be considered ineligible.

| APPLICATION REFERENCE | ITEM | YES |
|-----------------------|---|-----|
| | APPLICATION SAVED AND TITLED <i>EDS_APPLICANTS SURNAME</i> EG: <i>EDS_SMITH</i> | |
| - C3 | PHOTOCOPY OF OFFICIAL STATEMENT OF ACADEMIC RESULTS ATTACHED TO HARD COPIES OF APPLICATION | |
| - E1 | HEAD OF DEPARTMENT REPORT REQUESTED AND ORGANISED TO BE SUBMITTED DIRECTLY TO CANCER INSTITUTE NSW BY 5PM 3 RD APRIL 2009 (<i>it is the responsibility of the applicant to ensure Head of Department report is submitted on or before the due date or the application may be considered incomplete</i>) | |
| - E2 | REFEREE REPORT REQUESTED AND ORGANISED TO BE SUBMITTED DIRECTLY TO CANCER INSTITUTE NSW BY 5PM 3 RD APRIL 2009 (<i>it is the responsibility of the applicant to ensure referee report is submitted on or before the due date or the application may be considered incomplete</i>) | |
| - F | CERTIFICATION PAGES COMPLETED, SIGNED AND DATED (these pages only need to be submitted attached to the original version of the application - not the copies) | |
| -D1 | 2009 ENROLMENT CONFIRMATION FROM COURSE PROVIDER ATTACHED TO ORIGINAL COPY OF APPLICATION (not to the copies) | |
| | 10 copies of the full application including attachments sent to the Grants Secretariat (1 original plus 9 copies), double sided (please refer to "Guidelines for Applicants" for hard copy submission instructions) to be received by 5pm 3rd April 2009 . | |

*Appendices (Proposed Supervisor and Referee report formats) and Certification Pages available from website - ["Education Scholarship Attachments to Grant Application Form"](#)

This PDF version of the application must be submitted electronically to the Cancer Institute NSW by 3rd April 2009. Use the submit button on the top right hand side of page 1.