



and



Rural Waikato Health Scholarships
Postgraduate 2010

A p p l i c a t i o n F o r m

Instructions

- Please print your answers on the application form.
- Use a black or blue pen.
- The closing date is: **Open**
- **Do not** bind your application and associated papers. Staple all documents together in the top left hand corner in the following order:
 1. Application Form
 2. Personal Statement
 3. CV
 4. Proof of enrolment in health related programme
 5. Proof of professional qualification
 6. All other documentation
- Return the application form in an envelope marked "**Scholarship**" and addressed to:
Scholarship
New Zealand Institute of Rural Health
9 Anzac Street
Cambridge 3434
- Contact Robin Steed (Ms), CEO on telephone (07) 823 9274 or email robin@nzirh.org.nz for further information.
- **The panel's decision is final. No further correspondence will be entered into.**

1. Personal Details

Mr Mrs Miss Ms Dr
Male Female Ethnicity _____
Last Name: _____
First Names: _____
Postal Address: _____
(for all correspondence) _____
Daytime Tel: _____ Alternative Contact Tel: _____
Email Address: _____

2. Professional Information

What Professional qualifications do you hold:
.....
.....
Name of Current Employer:
Current Position Title:
Describe your current work environment:
.....
.....

3. Selection Criteria

Please check you have provided evidence of the following relevant criteria.

- Principal home address in rural Waikato for a minimum of 5 years.
- Undertaking a health related programme of development.
- Current professional role
- Professional qualification

4. Assessment Criteria

Please check you have provided evidence of ALL the following .:

- Curriculum Vitae
- Copy of birth certificate or residency certificate (**do not send originals**)
- Personal statement

5. Post Graduate Programme

a) Detail the post-graduate activity you are planning to undertake
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.....
.....
.....

b) Detail funding sought:

c) Attach copies of the programme

6. Method Of Payment

- Payment will be by personal cheque to the successful applicants.
- Please provide the postal address to which the cheque is to be sent :

7. Documentation

- I have stapled **COPIES** of my documentation to my application Yes
- I understand that if the supporting documentation is **NOT** attached to the application the panel may not consider my application Yes

8. Privacy Act

The New Zealand Institute of Rural Health will in accordance with the provisions of the Privacy Act 1993, make available to the applicant on request, the personal information that it holds about the applicant and will make any appropriate corrections to that information, to ensure that the information which is held, is accurate.

9. Certificate of Accuracy

- a) I confirm that all of the information supplied in support of my Application is accurate at the date of signing and the supporting documentation is enclosed. Yes
- b) I undertake to notify the New Zealand Institute of Rural Health if I withdraw from my chosen course of study. Yes
- c) I authorise an officer from the Institute of Rural Health to contact any person in connection with my academic record. Yes

Applicant's Signature: _____
Date: _____

For Office Use Only :

Application Received: _____ Date: _____
Application Considered: _____ Date: _____
Applicant Notified of Decision: _____ Date: _____