

2013 Application Form

**CLOSING DATE FOR APPLICATIONS: 26 October 2012**

Title	First Name	Last Name	
Address			Postcode
Phone	(W)	(H)	Mobile
Fax	Email Address		

**You must be an Australian citizen or permanent resident to receive a scholarship.**

Are you an Australian Citizen?  Yes  No if no, do you have permanent residency status?  Yes  No

Current Role	
--------------	--

Registered Nurse   
 Occupational Therapist   
 Psychologist   
 Social Worker   
 Level  
 Other Please specify \_\_\_\_\_ Level

Service/Facility
------------------

Hospital and Health Service
-----------------------------

Payroll No	
------------	--

Employment Status:					Contract End Date
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Casual	

Please indicate if you are a member of one of the following groups (please tick):

<input type="checkbox"/> Person from Aboriginal background	<input type="checkbox"/> Person from Torres Strait Islander background	<input type="checkbox"/> Person from both Aboriginal & Torres Strait Islander background	<input type="checkbox"/> Women	<input type="checkbox"/> Person with a Disability	<input type="checkbox"/> Person from Non-English Speaking Background
--	--	--	--------------------------------	---	--

How many years experience have you had in the mental health area?

Have you completed a Transition to Practice Nurse Education Program in mental health?  Currently enrolled  Yes  No  
If completed when \_\_\_\_\_

Are you  currently credentialed or  intending to apply for credentialing on completion of this course with the Australian College of Mental Health Nurses?

Have you previously received a Queensland Health Mental Health Scholarship?  Yes  No If yes, please provide date and details:

Year	Course

**AC1 Demonstrate your understanding of how the course you wish to undertake is identified as a priority in the *Queensland Plan for Mental Health 2007-2017*.**

**AC2: Outline how this study will:**

- (a) increase your capacity as a clinician
- (b) enhance your professional / discipline development
- (c) contribute to your health service care delivery.

Name:

### Assessment Criteria 1

Demonstrate your understanding of how the course you wish to undertake is identified as a priority in the *Queensland Plan for Mental Health 2007-2017*.

(Please limit your answer to between 350 – 500 words.)

Name:

## Assessment Criteria 2

Outline how this study will:

- (a) increase your capacity as a clinician
- (b) enhance your professional / discipline development
- (c) contribute to your health service care delivery.

(Please limit your answer to between 350 – 500 words for the whole question.)

## What course do you intend to complete?

Course Code		Course Title	
University			
Proposed study programme (evidence of current enrolment in the programme will be requested when scholarship is offered)			
Semester	Subject Code	Subject Name	
Semester 1 2013			
Semester 2 2013			
Semester 3 2013			
<b>How did you find out about this scholarship?</b> <input type="checkbox"/> Learning Centre newsletter <input type="checkbox"/> QHEPS <input type="checkbox"/> Internet <input type="checkbox"/> Team Leader <input type="checkbox"/> Educator <input type="checkbox"/> Colleague <input type="checkbox"/> Poster <input type="checkbox"/> Email <input type="checkbox"/> E-alert <input type="checkbox"/> Previous scholarship <input type="checkbox"/> Other (Please specify) .....			

Attach a copy of your resume (this must include details of all qualifications obtained and work history).

Enter the web address link to the programme / subject outline of your intended study.

**Applications close on the 26 October 2012. If you do not submit all necessary documentation or fail to complete all applicable questions your application will not be accepted.**

All applicants will receive a confirmation email once their application has been received. If you do not receive this email, your application will not have been received.

Applicants can expect to receive written advice as to the outcome of their application **within six (6) weeks** of the closing date.

**I declare that the information given is complete and correct.**

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

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

Applications should be sent *by email* to: [MHScholarships@health.qld.gov.au](mailto:MHScholarships@health.qld.gov.au)

Or *by fax* marked: Attention Jenny Gryl, Mental Health Scholarship Coordinator to: 3271 8852

Or *by mail* to: Jenny Gryl  
Mental Health Scholarship Coordinator  
Queensland Centre for Mental Health Learning  
Locked Bag 500  
SUMNER PARK BC QLD 4074