

Maternity in Focus

Maternity in Focus Workforce Scholarship Scheme Application Form

Maternity in Focus, ACT Health Directorate

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**Applications must be received by 5.00pm (ACT Local time) on Wednesday 15th May 2024.
Late applications will not be accepted.**

Any mandatory questions are marked with a *.

Data may be used for evaluation to guide improvements for the scholarship scheme.
Data collected for evaluation will be de-identified.

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Application Form

Applicant Details		
*Title:		
*Given name:		
*Family name:		
*Phone:		
*Preferred contact email (correspondence about your application will be sent to this address)		
*Are you an Australian citizen or permanent resident of Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Are you an Aboriginal and/or Torres Strait Islander person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Have you applied, intend to receive or received scholarship funding from another source for the same unit of course of study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was it for partial funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Have you received previous scholarship funding (excluding lactation consultant certification)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Have you received ACT Health Directorate scholarship funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes was it:	<input type="checkbox"/> More than 2 years ago <input type="checkbox"/> Less than or equal to 2 years ago	
*What is the current progress of your course?		
<input type="checkbox"/> Completed course <input type="checkbox"/> Partially completed course or lactation consultant re-accreditation <input type="checkbox"/> New course or International Board-Certified Lactation Consultant certification		

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Current Employment Details

*Are you currently registered as: Nurse (including Registered Nurse, Enrolled Nurse and Nurse Practitioner)
 Midwife
 Medical practitioner (specifically a General Practitioner, Obstetrician, Junior Medical Officer or Registrar)

*Classification, level and relevant profession:

*Are you currently registered with the Australian Health Practitioner Regulation Agency (AHPRA)? (Note: AHPRA Registration details must be provided as supporting document) Yes No

*Is your registration subject to any conditions, undertakings or reprimands, and/or are you subject to any disciplinary processes or undergoing performance management? Yes No

*Employer:
 Canberra Health Services
 ACT Health Directorate
 Tresillian Queen Elizabeth II Family Centre in the ACT
 Winnunga Nimmityjah Aboriginal Health and Community Services

Other – please specify, e.g. place of practice:

*Area of practice/work unit/section:

*If you are a general practitioner, do you provide shared care to women and pregnant people in the ACT? Yes No N/A

*If you are working at Winnunga, do you provide care to women and pregnant people in the ACT? Yes No N/A



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Current Employment Details

- *Employment status:
- Permanent
 - Temporary – must be working or holding a position with agency for at least 12 months
 - Casual – must be working or holding a position with agency for at least 12 months

Other – please specify:

- *Employment type:
- Full-time
 - Part-time
 - Casual - specify minimum number of hours per fortnight or Full-Time Equivalent (FTE):

*Length of time in current position:

	Years	
	Months	

*Length of time working within the ACT Public Maternity System:

	Years	
	Months	



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Course Details

*Which priority area does your course best align with? (Must select only one)

Priority 1: Perinatal loss, perinatal mental health, bereavement care and lactation specific education, including sitting the International Board-Certified Lactation Consultant certification examination.

Priority 2: Providing culturally appropriate care, trauma informed care or postgraduate courses for endorsement (prescribing rights) for midwives.

Priority 3: Any area that aligns with a goal and associated action in the Maternity in Focus: First Action Plan 2022-2025.

Priority 4: Area identified as a workforce shortage and approved by your line manager (Registered Nurse / Registered Midwife 3.2 or equivalent or higher). These include but are not limited to laparoscopy, vacuum-assisted delivery, maternity safety, obstetric multi-professional training, breech deliveries, and bedside sonography.

*Name of course:

*Name of course provider:

*Is the course offered by an Australian Onshore university OR an educational body with an Australian Business Number (ABN)?

Yes – please provide ABN:

No

*Will you be studying?

Full-Time

Part-time

Short course

*Have you been offered a Commonwealth Supported Place?

Yes

No

*Which payment schedule have you chosen?

HECS-HELP

FEE-HELP

Full-fee paying

*Course start date



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Course Details			
*Course completion date (actual or anticipated)			
*Is the course supported by your manager? (Must provide Manager Recommendation Form as evidence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*If applying for a midwifery endorsement course, is it an Australian Health Practitioner Regulation Agency - Approved Program of Study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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Course Details

*Enter the course you are seeking funding for in the table below. If the course is made up of multiple units, please list each unit you are seeking funding for.

Name of Course or Unit	Date or Semester / Trimester Course / Unit will be held	Have you paid for the course or unit?	Course / Unit cost	Amount sought (noting 'Items not in scope as part of scholarship offer' in Guidelines)*
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Total funding requested			\$	\$

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Selection Criteria

*Please provide a written response to each selection criteria question.

It is important that you discuss your responses to the following selection criteria with your manager prior to submission of your application to ensure they support your claims.

Any words written beyond the stipulated word limit will not be read by the assessment panel.

* (a) Describe how the course of study is relevant to one (1) identified priority area outlined in Section 2 of the Maternity in Focus Workforce Scholarship Applicant Guidelines (max 200 words).

* (b) Describe how the course of study has impacted your practice. For courses not commenced, describe the anticipated impact (max 200 words).

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Selection Criteria

*(c) Describe how the course has impacted the women and pregnant people you work with, including numbers, strength of impact, and/or made an impact for priority groups and those experiencing vulnerability as described on pages 17-18 of the Maternity in Focus: The Public Maternity System Plan 2022-2032 (max 200 words).

Supporting Documents

Applications that are incomplete and do not include all required documentation will not be considered. It is the applicant's responsibility to ensure all documentation is provided and complete.

* I have attached copies of the following documents with my application as pdf files.

- * Completed **Manager Recommendation Form**
- * Copy of AHPRA registration details (practitioner name under which you are registered, registration expiry date and registration number) from the AHPRA website or card
- * Copy of documentation from course provider acknowledging your course completion or enrolment
- * Copy of Course outline or equivalent signed by the manager who has completed the Manager Recommendation Form
- * Copy of invoice or receipt of payment for each unit/course

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Declaration

I, , declare that:

- *To the best of my knowledge the information I have provided in this application is true and correct.
- *I have read the Maternity in Focus Workforce Scholarship Applicant Guidelines for the ACT Maternity in Focus Workforce Scholarship and agree to abide by the requirements and conditions for successful applicants.
- *I understand that scholarship scheme offers are eligibility-based and allocated by merit at the discretion of ACT Health Directorate.

(Applicant's Signature)

Date

Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281

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