

NURSING AND MIDWIFERY PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION
SUPERVISOR RECOMMENDATION

- i. Recommendations supporting your proposed scholarship are to be obtained from:
 Nursing or Midwifery Manager, CNC or CMC of the ward/unit/department/centre in which you are currently working, or your ADON.

Applicant's Name	
Current Position & Designation	
Proposed Course/Conference/Innovation	
Provider	

- ii. Supervisor's comments and recommendations

As the supervisor for the applicant above, this scholarship application to undertake the following course/conference/innovation, is supported	Yes	No
Comments (<i>optional</i>)		
If the application is not supported please comment:		

Supervisor's Name	
Position	
<i>Signature</i>	
Phone contact	
Email	
Date	