**Health Workforce New Zealand (HWNZ)**

 Postgraduate Coordinator

 Percival Flats

 Waikato Hospital

 Private Bag 3200

 Hamilton

**Tertiary Programme Application to Study Form – Non DHB**

This form is used by Registered Nurses who are an employee in Primary Health Care e.g. Aged Care, Medical Centres and NGO etc.

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| A. APPLICANT (Please print clearly) *All sections must be completed. All incomplete applications will be returned for completion. (These can be re-sent but will only be considered if returned before the closing date) A Career & Development Plan must be completed and attached to this application.* |
| Name: | Male [ ]  Female [ ]  |
| Health Practitioner Registration No: | Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| Position Title:  | Employer: |
| Phone number(s):Work/Home/Mobile | Email: |
| **Full time/Part time Hours:****If part time specify contracted hours per fortnight orFTE, e.g. 72hrs or .9 FTE** | **Postal address:** |
| **How long have you been a registered nurse: [ ]  2yrs, [ ]  3-4yrs, [ ]  5+yrs, (*Please tick box)*** |
| Is the name which appears on your Annual Practising Certificate (PC) the same as above? YES [ ]  NO [ ]  |
| If no, what name is on the PC? |
| Programme of Study: [ ]  Post Grad Cert, [ ]  Post Grad Diploma, [ ]  Masters, **(*Please tick box)***  |
| **Qualification level**: List completed papers within each qualification level that builds towards your current qualification (e.g. Postgraduate certificate, diploma completed) |
| Qualification | Year | Paper number/Code | Name of paper | Paper credit value | Grade |
| Postgraduate Certificate |  |  |  |  |  |
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| Postgraduate Diploma |  |  |  |  |  |
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| Postgraduate Masters |  |  |  |  |  |
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| **Indicate if completing prescribing papers** Postgraduate diploma prescribing [ ]  Masters prescribing [ ]  |
| Write down your student ID (if you have one) and the tertiary provider you will be studying through.Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of tertiary provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2021 Paper enrolments:** List papers you are planning to enrol in for 2021 (all semesters) |
| Paper Code | Paper name | Semester you wish to study in | Paper point value | Where your course is being run | Study days per course |
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| Further applicant details |
| Ethnicity: Please tick one of the following[ ]  New Zealand European [ ]  Other European[ ]  New Zealand Maori [ ]  Samoan[ ]  Cook Island Maori [ ]  Tongan[ ]  Niuean [ ]  Tokelauan[ ]  Fijian [ ]  Other Pacific groups[ ]  Southeast Asian [ ]  Chinese[ ]  Indian [ ]  Other Asian[ ]  Middle Eastern [ ]  Latin American/Hispanic[ ]  African or cultural group of African origin [ ]  Other ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Iwi (if applicable) |
| If you have identified yourself as Maori / Pacific Islander additional support is offered and the Nurse Coordinator Cultural Support will contact you regarding this. |
| Will you be claiming travel/accommodation for this paper? *(To be eligible you have to travel 100kms or more to your tertiary provider)* YES [ ]  NO [ ]  |
| In which year will your present qualification be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you applied for or received any other funding or scholarship toward this study? YES [ ]  NO [ ]  |
| If yes give details: |
| **APPLICANT AGREEMENT**:* I agree to trainee information being provided to HWNZ.
* I will write to the Post Graduate Administrator to advise of any changes in my enrolment.
* I permit and authorise Waikato DHB to contact the tertiary institution I am studying at, or have studied at, to seek confirmation of my course completion and grade.

**Applicants Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_***Note: All information collected remains confidential and is covered with the Privacy Act 1993 (Principle 2 – source of personal information). The rationale for collection of this data is to meet the requirements within the HWNZ specifications and to provide them with accurate reports.*** |
| **EMPLOYER SUPPORT:*** I have reviewed and discussed the contents of this form with the applicant.
* I have considered the implications of clinical coverage should the applicant be successful with this application.
* I have identified the clinical release time I have provided to the applicant.
* I have seen the applicants Career Development Plan and attached it to this form.
* By signing this form I fully support and endorse this application for funding.

**Employers Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_**Employers Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Employers Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please tick one of the following:[ ]  Pinnacle …………………………………………………………………… [ ]  Maori Provider[ ]  Hauraki PHO……………………………………………………………… [ ]  Maori Provider[ ]  Independent Practice……………………………………………………. [ ]  Maori Provider[ ]  National Hauora Coalition [ ]  Aged Care[ ]  Hospice[ ]  Home Base d Service[ ]  Other |
| **CHECKLIST** Before sendingthis form please check that you have done the following: [ ]  Answered all questions and signed the Form (**Remember failing to correctly complete the form will be detrimental to your application**)[ ]  Attached your Career Development Plan [ ]  My Manager/Employer has signed the Form |

Please forward this information to the above address.

The career planning cycle involves four steps, italicised below: *knowing yourself, explore possibilities, make choices, make it happen.* Refer to the Health Workforce New Zealand website for further information <http://www.healthworkforce.govt.nz/health-careers/career-planning/nursing-or-midwifery/nurses-four-step-career-planning-process>

This career and development plan has been based on the Waikato DHB Career and Development Plan for nurses.

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| **Employee:** *knowing yourself*assessment completed if required by the employee. Optional to list strengths, skills, values and interests in the goal below. |
| **Employee and manager/ clinician**. Before documenting the Career and Development Plan the employee and manager/ clinician *explore possibilities*and*make choices***.** Discuss perceived barriers, work life balance, level of involvement/ commitment, and other considerations that may affect the goal or plan. |

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| **Career Development Plan:** *make it happen* |
| **Long term goal***(write career development goal here)*Support and leave to meet any objective in the plan requires agreement and authorisation by the line manager. | **How will I achieve my career development goal?** Objectives can include face to face or ecourses, on the job experience, coaching or mentoring. | Objectives met, and/ or review needed |
| **Short term (6-12 months)** |
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| **Medium term (objective specifies the time line)** |
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| **Longer term (objective specifies the time line)** |
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Name: Position: Signature: Date:

Manager: Organisation: Signature: Date: