

PERSONAL DETAILS

(If you would like assistance with completing this form, please free to phone the office.)

1 Name: _____

2 Address (Postal): _____ Post Code: _____

Address (Physical): _____ Post Code: _____

Telephone: _____ Email: _____

3 Vocational Details

Employer: _____ Years with employer: _____

Position: _____ Years in current position: _____

Please provide details of your current employment/position:

4 **Please provide an outline of the study you are seeking to undertake.** You should include details such as what the study will cover, and requirements such as location, travel and time commitment. *(A print out of the course outline may be attached):*

5 **Please provide an outline of how this course will benefit you, and how you can apply your learnings to benefit the community:**

6 Study fees and costs.

Paper/Course fees _____ \$ _____

Travel to/from: _____ (# trips:) \$ _____

Accommodation (# nights:) _____ (# visits:) \$ _____

Other: _____ \$ _____

7 Funding applied for/received toward costs.

Name of Organisation:	Amount	Approved yes/no
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

8 If you are successful in receiving a study grant, which account should be credited?

Bank Name: _____ Account No: _____

Account Name: _____ - - -

9 Documents attached: *(please ensure these documents are attached, or write N/A if not applicable)*

- Details of course/conference outline
- Te Whatu Ora staff - letter of support from your line manager
- Te Whatu Ora staff - copy of study application to Te Whatu Ora / Health Workforce

DECLARATION AND PRIVACY ACT 1993 AUTHORISATION *(all applicants to complete)*

This declaration and authorisation relate to information in this application that the Churchill Private Hospital Trust may hold about your organisation now or in the future.

- I hereby declare that any grant received will be used for the purpose for which it was approved. Churchill Private Hospital Trust may seek confirmation that any grant has been properly applied.
- I authorise Churchill Private Hospital Trust to use this information for the purposes of administration and consideration of this application.
- I confirm that the information provided in this application is true, correct, and complete.
- I acknowledge that any decision made by Churchill Private Hospital Trust is final.

PLEASE NOTE:

- The allocation of funding cannot be retrospective (ie: to reimburse funds already spent)
- You may be requested to present at a Churchill Hospital staff meeting to discuss your learnings.

Signed: _____ Name: _____ Date: _____

Your completed application form can be scanned and emailed to admin@churchillhospital.co.nz, or posted to:

The General Manager
Churchill Private Hospital Trust
PO Box 351, BLENHEIM 7240