

Nurse Practitioner Pharmacotherapy Scholarships

EXPRESSION OF INTEREST

Closing date: 17.00, 01/12/2016

This document must be used to apply for the Scholarship. Applicants should familiarise themselves with the Scholarship Guidelines prior to completing this form.

Barwon South West Pharmacotherapy Area Based Network

Western Victoria PHN

phn
WESTERN VICTORIA

An Australian Government Initiative

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Scholarship Applicant Details

- Applicant Name: _____

- Applicant Email & Telephone:

Email: _____

Telephone: _____

- AHPRA registration number: _____

- Name and address of General Practice/ Medical Facility employer:

- Primary employer contact person: _____

Telephone: _____

- Mailing address for correspondence (if different from employer address above):

Eligibility Criteria

1. Current Registration and Qualifications (Registered Nurse, Division 1 minimum):

2. Masters of Nursing (Nurse Practitioner) details (refer Scholarship Guidelines – Eligibility p.4 for course requirements):

Tertiary institution:	
Course name:	
Speciality domain:	
Cost:	
Starting date:	
Study mode (full/part time) and duration:*	
Website:	
Attachments:**	

**Note: study must be completed within four years from commencement*

***Please list any attachments included with your application.*

3. Employer endorsement:

Please attach evidence of endorsement from your current employer including agreement to any time commitment during work hours.

Selection Criteria

Please provide a concise outline of how you will meet the following selection criteria:

1. Capacity to undertake study during and / or outside work hours, including endorsement of your current employer and their agreement to any time commitment during work hours (where relevant). 25%
(max 100 words)
2. Commitment to working in the general practice environment in the Barwon South West region, including prescribing opioid pharmacotherapy for a minimum of one year following completion of Masters of Nursing. 40%
(max 400 words)
3. An interest in pharmacotherapy and a willingness and capacity to expand your knowledge and skill base in this area by undertaking study in a relevant Masters of Nursing (Nurse Practitioner) and speciality domain (refer Scholarship Guidelines p. 4); as well as commitment to completing competency training in DHHS approved opioid pharmacotherapy and prescribing, on completion of Masters. 25%
(max 200 words)
4. Willingness and capacity to promote ORT training and the benefits of ORT prescribing and encourage colleagues to undertake pharmacotherapy training and practice*. 10%
(max 100 words)

**Note: The PABN can assist to co-facilitate these activities and this should be included in your response. Refer Guidelines Appendix 1 or telephone (03) 5564 5888 for further information.*

Submitting and Declaration

I, _____ (*insert name*) _____, confirm that by submitting this Expression of Interest I have read and understood the **Nurse Practitioner Pharmacotherapy Scholarship Guidelines**. I confirm that the information in this Expression of Interest is true and correct. I understand that if my application is successful, confirmation will be subject to a signed Letter of Agreement between myself and Western Victoria PHN outlining the terms and conditions of the Scholarship.

Date: / /

Please email your Eol to: aneill.kamath@westvicphn.com.au

Eols close: 17.00, 01/12/2016