**2025 Western Health**

**Post Graduate Studies**

**Scholarship**

All Level Scholarship Guidelines

Western Health supports the ongoing professional development of nursing staff and is pleased to provide financial assistance to selected employees who meet the criteria described below. Western Health recognises the commitment of nursing staff to postgraduate studies and endeavours to create and support an environment of learning and one that acknowledges and values creativity, innovation, dedication and professional growth of individuals in pursuit of career development.

Division One RN’s/Midwives employed at Western Health are eligible to apply for a Western Health Scholarship to assist with fees relating to postgraduate studies. Postgraduate studies must be in a related Nursing/Midwifery field or an education or business stream directly relating to Nursing or Midwifery, and relevant to the area of practice where the individual is employed. Employment in a limited tenure capacity whilst undertaking a Discovery course or employment into a Maternity leave position will be taken into consideration.

#### Scholarship Application

Applicants must submit the following information to the *Education & Learning* department:

* Scholarship Application Form (attached)
* Curriculum Vitae
* Nomination of two referees (should include direct line manager)
* Copy of current practising certificate
* Letter of offer/evidence of enrolment
* A performance appraisal completed no less than six months prior to date of application by the relevant line manager

#### Conditions of Application

* The scholarships are competitive: previous academic achievement, previous clinical experience and references are all part of the selection process.
* The scholarship is a flexible amount as determined by Western Health.
* Reimbursement of fees is subject to continuous employment with Western Health in the speciality area and a satisfactory performance appraisal.
* Scholarship recipients are responsible for meeting the cost of any student amenities/service fees, books and any other materials required for the course.
* The scholarship does not cover subjects failed by student and therefore part of reimbursement will be withheld, ie if 1 out of 8 subjects failed, student eligible for 87% of scholarship.
* Scholarship not available for subjects being repeated due to previous unsuccessfulness.
* Scholarship not available for subjects accepted by the university as RPL (Recognition of Prior Learning).  
  Reimbursement of scholarship payments will be forfeited if applications are not received within the following timeframes:
  + First Payment: On completion of 50% of Postgraduate Study Program.
  + Second Payment: Within 2 months following completion of Postgraduate Study Program.
  + Final Payment: Within 2 months following completion of 12 months employment post completion of Postgraduate Studies
* Scholarships will be available only to those students who are employed at 0.8 EFT or above with Western Health.

#### Payment of Scholarship

* First payment will be reimbursed following submission of:
  + Staff Expense Reimbursement claim form (available on intranet).
  + Evidence of successful completion of semester/ subjects (50% completion of course)
  + Copy of academic transcript
  + Current satisfactory performance review for previous 12 months from date lodging first payment reimbursement form.
  + Evidence of university fees.
  + Evidence of payment of university fees.
  + Current Practicing Certificate
* Second payment will be reimbursed following submission of:
  + Staff Expense Reimbursement claim form (available on intranet).
  + Evidence of successful completion of course and attainment of Postgraduate qualification.
  + Current satisfactory performance review for previous 12 months from date lodging second payment reimbursement form.
  + Copy of academic transcript as evidence of successful completion of subjects
  + Evidence of university fees.
  + Evidence of payment of university fees.
  + Current practicing certificate
* Final payment will be reimbursed following submission of:
  + Staff Expense Reimbursement claim form (available on intranet).
  + Evidence of successful completion of course and attainment of Postgraduate qualification.
  + Evidence of permanent employment 12 months post completion of Postgraduate studies
  + Current satisfactory performance review of 12 months employment post completion of Postgraduate Studies.
  + Current practicing certificate

***Western Health reserves the right to vary the scholarship amounts in each financial year for new applicants.***

**2025 WESTERN HEALTH**

**NURSING & MIDWIFERY**

**POST GRADUATE STUDIES SCHOLARSHIP**

**Application Form**

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| **INSTRUCTIONS** |
| 1. Please write in BLUE or BLACK pen using BLOCK LETTERS. |
| 2. Include a set of supporting documents with this application as per *Documentation Checklist.* |
| 3. Please read everything carefully. If you have queries, please do not hesitate to contact *Education & Learning*. |

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| **1. Personal Details** | | | | | |
| Title:  (Mr/Mrs/Miss/Ms etc) |  | | | | |
| First Name: |  | | | | |
| Surname: |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| Employee No.: |  |  |  | Post Code: |  |
| Tel (AH): |  | Tel (BH): |  | Mobile: |  |
| Position: |  | Ward/Dept.: |  | Campus: |  |
| Email: |  | | | | |
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| **2. Course details for Semester 1, 2025** | | | | |
| 2.1 Name of course: |  | | |
| 2.2 University Attending: |  | | |
| 2.3 Stream: |  | | |
| 2.4 Fulltime  Part-time | | Expected completion date: | /  / |
| ***Please attach copy of the Letter of Offer/Evidence of Enrolment*** | | | | |

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| **3. Payment Modes** |
| There are three modes of payment for course fees. Please tick the mode of payment you have chosen: |
| PELS  HECS  Upfront/agreed payment instalments with University |
| FULL COST OF COURSE (COURSE FEES ONLY) |
| ***Please see attached Terms and Conditions for scholarship for reimbursement schedules and criteria.*** |

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| **4. Referees** | | | | |
| Please provide the names, addresses and telephone numbers of two referees who can comment on your professional and academic abilities (one referee should be your current Manager). Please note your referees may be contacted during the selection process. | | | | |
| **4.1 Referee One:** | | | | |
| Name: |  | | | |
| Position held: |  | | | |
| Address: |  | | | |
| Tel (BH): |  | | (AH): |  |
|  | | | | |
| **4.2 Referee Two:** | | | | |
| Name: |  | | | |
| Position held: |  | | | |
| Address: |  | | | |
| Tel (BH): |  | (AH): | |  |
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| **5. Documentation Checklist** |
| Below is a list of documents required in support of your application. Please tick the relevant boxes to indicate documents attached. **Please note application will not be considered unless all documentation is provided at the time of submitting this application form.** |
| One completed Application for Scholarship form |
| Current CV  Covering Letter |
| Nomination of two referees |
| Current practicing certificate |
| Letter of offer/evidence of enrolment |
| Copy of University fees |
| A performance appraisal completed no less than 6 months prior to date of application by relevant line manager. |

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| **6. SIGN & DATE** |
| Applicant Name:  Date: |
| Applicant Signature: |

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| **Closing date: *Close of Business* Friday 28th March 2025**  **Please send your application to:**  Education & Learning - *Scholarships*  Administration, Footscray Hospital**,** Gordon Street**,** Footscray VIC 3011 |