

**APPLICATION FOR PCFA NURSES EDUCATION SCHOLARSHIP 2017**

NAME	
POSTAL ADDRESS	
CURRENT POSITION	
WORKPLACE ADDRESS	
OTHER POST GRADUATE STUDY COMPLETED	
NAME EDUCATION PROVIDER	
COMMENCEMENT DATE	
EXPECTED COMPLETION DATE	
COST OF STUDY PROGRAM	
OTHER COSTS (Please specify)	
DETAILS OF FUNDING FROM OTHER SOURCES	
3 OBJECTIVES FOR UNDERTAKING STUDY	

**PLEASE SUBMIT THIS FORM ALONG WITH:**

- **A copy of your CV**
- **A letter of support from your manager confirming they support your application**
- **A copy of your nursing registration certificate**

**OFFICE USE**

<b>Evidence of nursing registration provided</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Evidence of employer support provided</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Employed in prostate care</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>2 years post registration experience</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Objectives adequately stated</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Meets criteria</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Successful</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If no specify reason</b>		
<b>Date response sent to applicant</b>		