

# Elizabeth Fearon Scholarship 2025

## Application Form



### APPLICANT DETAILS

<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>JOB TITLE:</b>		<b>DEPARTMENT:</b>	
<b>ADDRESS:</b>			
<b>EMAIL:</b>		<b>CV ATTACHED</b>	

### REFEREE DETAILS

The details for two referees are required. The applicant's Head of Department or Manager **MUST** be included as one referee. It is the responsibility of the applicant to ensure their referees receive the appropriate form for submission by the due date.

#### REFEREE #1 – HEAD OF DEPARTMENT/MANAGER

<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>JOB TITLE:</b>		<b>DEPARTMENT:</b>	
<b>EMAIL:</b>			

#### REFEREE #2

<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>JOB TITLE:</b>		<b>DEPARTMENT:</b>	
<b>EMAIL:</b>			

### PROPOSED PROGRAM DETAILS

**TITLE** (max 15 words)

**BACKGROUND AND KEY PURPOSE** (max 200 words)

**OBJECTIVES** (max 200 words)

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### PROPOSED PROGRAM DETAILS (continued)

#### RESEARCH QUESTION & OUTLINE (max 250 words)

#### KEY BENEFITS TO RCH (max 350 words)

### FUNDING REQUEST

<i>Item</i>	<i>Description of Item (please provide specific details including classification, on-costs and number of hours)</i>	<i>Amount requested</i>
Buy back time		\$
Other		\$
Other		\$
Other		\$

#### TOTAL AMOUNT OF FUNDING REQUESTED:

\$

Have you applied for or received funding from another source?

 YES  NO

If yes, please specify the details:

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### APPLICANT DECLARATION

I declare that:

- All the information I have provided in this application is true and correct.
- All amounts in the funding request have been quoted and are accurate as at time of application.
- I have provided all necessary supporting documentation.
- I understand that if successful I will be required to provide written reports (a 6 month progress report and final report at 12 months) and deliver a presentation of my completed project at the League of Former Trainees AGM luncheon.

**SIGNATURE:**

**DATE:**

### HEAD OF DEPARTMENT/MANAGER

**I have approved and fully support the proposed work program the applicant, as detailed in the attached application.**

**NAME:**

**POSITION & DEPARTMENT:**

**SIGNATURE:**

**DATE:**

**Please email your completed and appropriately signed application form, with supporting documents, to [nursing.education@rch.org.au](mailto:nursing.education@rch.org.au) no later than Sunday 22 September 2024. (Hardcopy applications will not be considered).**

(Documents can be scanned as PDFs using the SCAN function on any RCH photocopier. Please scan the application as one document rather than individual pages to your RCH email address and then forward on for submission.)

Applicants must request Referee Reports be completed by their Head of Department/Manager and another relevant reference on their behalf by the due date. (Please note that this submitted by the referee in confidence, and not is provided via the applicant.)

#### **Checklist before submission –**

- Application form (signed by Head of Department/Manager and applicant)
- CV - Request to Head of Department/Manager to complete and submit Referee Report on your behalf
- Request to relevant secondary reference to complete and submit Referee Report on your behalf

**Applications close Sunday 22 September 2024 Late applications will not be considered.**