

**QUEENSLAND HEALTH COMMUNITY  
REHABILITATION WORKFORCE PROJECT**

**COMMUNITY REHABILITATION  
POSTGRADUATE SCHOLARSHIP SCHEME**

**APPLICATION PACKAGE  
APRIL TO JUNE 2006**



**Closing Date: 9<sup>TH</sup> OF JUNE 2006**

**All application details and attachments must be included for your application to be considered.**

- Support of employer including signature of Line Manager and District/Area Manager (or equivalent)
- Copy of current position description; and/or service description for private practice
- Confirmation of eligibility to undertake the study programme
- Programme/subject outline if programme/subject is not listed as pre-approved/eligible. Please include a description of all subjects.
- Justification of programme/subjects not pre-approved
- Cost of study programme and any associated fees (**excluding HECS liability or Student Guild fees**) including evidence of cost
- Cost of any mandatory travel including evidence that travel is a subject requirement
- Response to Selection Criteria (half to one page per criterion)

Applications (3 copies, stapled in top left hand corner –**NO** plastic covers) should be marked **CONFIDENTIAL** and forwarded to:

**Queensland Health Community Rehabilitation Postgraduate Scholarship Scheme**  
**PO Box 6053**  
**BURANDA QLD 4102**

For enquires, please contact:

Angela Wood  
Senior Project Officer  
Community Rehabilitation Workforce Project  
PO Box 6053  
BURANDA QLD 4102  
PH: 3406 2391  
EMAIL: [angela\\_wood@health.qld.gov.au](mailto:angela_wood@health.qld.gov.au)

Please read the scholarship guidelines carefully prior to completing this form.

Please tick which option(s) you intend to apply for and complete the relevant sections:

- A subsidy
- A full scholarship
- A travel subsidy

APPLICANT DETAILS				
Preferred title:	First Name:		Last Name:	
Home Address:				Postcode:
Position Title: <i>Please attach a position description or description of private practice</i>		Classification/Profession and Level:		
Team/Unit:		District/Area:		
Work Address:				Postcode:
Telephone (W):		Telephone (H):		
Fax:		Email:		
<b>EEO Data (OPTIONAL) (please tick):</b>				
<input type="checkbox"/> Person from Aboriginal and/or Torres Strait Islander background		<input type="checkbox"/> Person with a disability		
<input type="checkbox"/> Female		<input type="checkbox"/> Person from a non-English speaking background		
<b>Employment Data (please circle or tick):</b>				
<input type="checkbox"/> Full-time		<input type="checkbox"/> Permanent		
<input type="checkbox"/> Part-time, Number of hours per week _____		<input type="checkbox"/> Temporary		
		<input type="checkbox"/> Casual		
<b>Previous University Education</b>				
Date Commenced	Date Completed- Indicate if not complete	Name of Award (eg B.Occ Thy; M Public Health)	Institution	Scholarship(s) received (amount and organisation)
<b>Proposed study programme</b> ( <i>Attach confirmation of eligibility to undertake the study programme eg copy of admission criteria from programme handbook or website; or evidence of current enrolment in the programme</i> )				
Name of programme, eg Grad Diploma in...:			University Fee <u>per Subject</u> (not HECS):	
University:			Total Cost of Programme:	
<b>Name of Subjects Proposed for Subsidy/Scholarship and Semester of Study (up to three years part-time study): (Please add Summer Semesters if applicable)</b>				
<b>Semester 2, 2006</b>				
<b>Semester 1, 2007</b>				

<b>Semester 2, 2007</b>
<b>Semester 1, 2008</b>
<b>Semester 2, 2008</b>
<b>Semester 1, 2009</b>
<p>If the programme/subject(s) are <u>not</u> included as pre-approved/eligible in the Scheme Guidelines then please briefly justify how this programme/subject is relevant to the area of community rehabilitation. <i>Please attach a programme outline including an outline of <u>all</u> individual subjects as provided by the university.</i></p>

**SELECTION CRITERIA:**

**I meet the following mandatory criteria (please ensure all boxes are able to be ticked):**

- Currently working in a health professional capacity in Queensland
- Australian Citizen or Permanent Resident
- Programme is postgraduate
- Programme is in the area of community rehabilitation
- Applicant has an undergraduate degree or meets University entry requirements

Applicants to the Scheme are required to specifically address the selection criteria. Please attach a typed response with half to one page maximum per selection criterion.

**1. Demonstrated understanding of how the postgraduate programme of study will improve your ability to develop, implement and evaluate community rehabilitation programmes to meet the current and emerging health needs of the Queensland community.**

2. Detailed plan of action for successful management and completion of the postgraduate study programme (e.g. time, study, assignments, residential schools, leave arrangements from work if required, etc).

### TRAVEL SUBSIDY

Please complete if you wish to apply for a travel subsidy. Travel must be mandatory for the subject and greater than 200kms from your residence. Please attach evidence that the travel is mandatory eg university subject outline stating dates of residential.

#### Method of Travel

Air  Road  Car Hire  Bus  Rail

Please use the Queensland Government guidelines to estimate cost of travel.

Origin and destination for travel:	Approximate Cost:
Number nights accommodation and location:	Approximate Cost:
Number of breakfasts:	Approximate Cost:
Number of lunches:	Approximate Cost:
Number of dinners:	Approximate Cost:
Incidentals:	Approximate Cost:
<b>TOTAL COST:</b>	

### SCHOLARSHIP APPLICATION

Please complete if you wish to apply for a full scholarship in one of the categories below.

#### APPLICANT: (to complete)

I wish to apply for a scholarship under the following category or categories (please tick as many as are applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Registered nurse<br><input type="checkbox"/> Occupational therapist<br><input type="checkbox"/> Physiotherapist<br><input type="checkbox"/> Speech pathologist<br><input type="checkbox"/> Social work, psychology, dietetics and nutrition, medicine, and podiatry professionals<br><input type="checkbox"/> Other professional | <input type="checkbox"/> Person from Aboriginal and/or Torres Strait Islander background<br><input type="checkbox"/> Person with a disability<br><input type="checkbox"/> Person who has migrated to Australia and whose first language is a language other than English, and the children of those people<br><input type="checkbox"/> Person from rural/remote area |
|---|--|

#### EMPLOYEE SUPERVISOR: (to complete) (eg Team Leader, Nurse Practice Coordinator)

I support this application for a full scholarship and confirm the applicant's eligibility for the category indicated above.

Name:	Signature:
Position Title:	Date:
Phone:	District/Area:
Email:	Organisation:

## ALL APPLICANTS TO COMPLETE

<b>APPLICANT DECLARATION:</b>	
<b>I agree that:</b>	
<input type="checkbox"/> All information contained in this form is complete and correct.	
<input type="checkbox"/> Universities will use their own internal processes to prioritise students for acceptance into programmes.	
<input type="checkbox"/> I will meet the costs of Student Guild Fees.	
<input type="checkbox"/> I will be required to commit my own time in completing the requirements of the postgraduate study.	
<input type="checkbox"/> De-identified outcomes of the Scheme will be made available for dissemination at a State / National level.	
<input type="checkbox"/> I will participate in any evaluation activities regarding the effectiveness or outcomes of the Scheme.	
<input type="checkbox"/> I must maintain my employment status in order to remain eligible.	
<input type="checkbox"/> Queensland Health retains the right to discontinue financial support to me at its sole discretion at any time during the term of this agreement. If this occurs reasons will be provided for discontinuation.	
<input type="checkbox"/> If I withdraw from the programme I will keep the Executive Sponsor informed of reasons why, and where reasonable, negotiate an extended timeframe to complete the programme.	
<input type="checkbox"/> I will reimburse Queensland Health for any subsidy/scholarship funds that I receive if I do not successfully complete a subject or if I change my employment status.	
Application date:	Applicant's Signature:

## EMPLOYER SUPPORT / APPROVAL

<b>EMPLOYEE SUPERVISOR: (to complete) (eg. Team Leader, Nurse Practice Coordinator)</b>	
<i>I support this application and agree that the programme of study is relevant to the applicant's employment in the organisation or will benefit their future ability to develop, implement and evaluate community rehabilitation programmes.</i>	
Name:	Signature:
Position Title:	Date:
Phone:	District/Area:
Email:	Organisation:
<b>DISTRICT MANAGER / AREA MANAGER AUTHORISATION (to complete):</b>	
<input type="checkbox"/> All information contained in this form is complete and correct.	
<input type="checkbox"/> I support the nomination of this application for the Queensland Health Community Rehabilitation Post Graduate Scholarship Scheme.	
<input type="checkbox"/> I agree to the Scholarship monies being transferred to the District for administration by District Finance as per the scholarship guidelines (Queensland Health Only).	
Name:	Signature:
Position Title:	Date:
Phone:	District/Area:
Email:	Organisation:
Queensland Health Cost Centre Code for Post Budget Adjustment:	Name of contact Person in District Finance (Queensland Health only):