**NSW-ACT Section**

**Professional Development Scholarships 2023**

APPLICATION FORM

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| City: |  | Post Code: |
| Country: |  | |
| Telephone: |  | |
| Email: |  | |
| When did you join ANZUNS: |  | |
| Name of workplace: |  | |
| Current position: |  | |
| Hours per week in this position: |  | |
| Do you currently have funding to attend the USANZ/ANZUNS ASM 2023? |  | |
| Length of time as RN/EN: |  | |
| How will this award benefit your practice? |  | |
| How will you inform peers and colleagues of the experience and knowledge gained from attending the 2023 ASM? |  | |
| Explain why you think your application should be supported: |  | |

**Declaration**

* I have read, understood, and agreed on the conditions of this award.
* By accepting the award, I hereby grant NSW-ACT Section ANZUNS, permission to publish the submitted report on the ANZUNS newsletter.
* I undertake to notify the Chair NSW-ACT Section ANZUNS if I do not use the Professional Development Award for the purpose intended and will return the full value.

**Name of Applicant** :

**Signature of Applicant** :

**Date** :

Applications must be sent by email to the NSW-ACT Section Secretary by 23 April 2023

<Chair_nsw-act@anzuns.org>

Incomplete or late applications will be considered invalid.