



HEALTH SCHOLARSHIPS

APPLICANT INFORMATION

PURPOSE:

To increase the supply of highly trained and highly skilled graduates in the Taranaki Region by providing financial support during their academic years.

BACKGROUND:

The Taranaki District Health Board (TDHB) have established a student scholarship scheme to provide financial support to students wishing to complete a course of study in recognised health professions.

APPLICANT CRITERIA:

Scholarship applicants must fulfil the following criteria:

- Be a New Zealand resident/citizen
- Record of excellence at 7th form level or successfully completed academic work
- Have proof of acceptance into an appropriate programme of study
- Commitment to working in the Taranaki Health Sector

SELECTION CRITERIA:

- Students entering a new programme of study
- Students who are already enrolled in a programme of learning
- Newly qualified professionals carrying a heavy burden of student loan debt
 - Students must have qualified from the programme of study within the previous 24 months.
 - It is expected that applicants would be already working in the Taranaki community or would relocate to Taranaki for an extended period to undertake work in a recognised health profession.
- Professionals up-skilling to return to the workforce
 - Already gained a qualification in a relevant profession but requires further training to become registered to practice.

PROGRAMMES OF STUDY:

In order to be eligible for the scholarship the student must be enrolled in a course/programme where there are known issues in recruitment and retention e.g.

Nursing/Midwifery
Allied Health Professions
Public Health Professions
Pharmacy
Social Work
Mental Health
Medicine

Other disciplines may be considered at the discretion of the Scholarship Assessment Panel.

FORMS:

Application forms for the Taranaki DHB Scholarship Fund can be found on **page 7**

APPLICATIONS CLOSE:

Completed Applications and all supporting documentation must be received no later than 13 January of each year.

TIME/DATE:**Post or courier to:**

Charles Hunt
Recruitment Manager
HR Department
Taranaki DHB
Private Bag 2016
David Street
NEW PLYMOUTH

Hard copies only will be accepted – do not forward completed applications via email.

THE AWARD:

See Appendix 1 – Scholarship Table for details.

PAYMENT:

Lump sum payments will be made at the completion of each academic year. Actual sums will be dependent on the following:

- Selection criteria
- Programmes of study undertaken
- Type of scholarship awarded and
- The candidates successful completion of the course

Attached as Appendix 2 is a Request for Reimbursement Form. This form must be completed and submitted to receive payment for the Health Study – Financial Assistance Scholarship and the Return to Health Study Scholarship.

SCHOLARSHIP ASSESSMENT PANEL:

The Scholarship Assessment Panel (SAP) will be convened by the Taranaki DHB. The SAP may comprise of:

- General Manager Human Resources
- Workforce Development Project Manager
- Medical Advisor
- Director of Nursing
- Chief Maori Advisor
- Together with the appropriate academic and professional expert representatives from the relevant subject areas.

The decision by the Scholarship Assessment Panel is final.

TERMS AND CONDITIONS OF THE SCHOLARSHIP AWARD:

- It is a requirement of the Health Study – Financial Assistance Programme and the Return to Health Study Scholarship that the scholar agrees to work in within the Taranaki region upon completion of the programme of study. To this end a contract will be drawn up bonding the student to work in Taranaki for an agreed period. Recipients of the Work Experience and Mentoring Scholarship are not required to return to Taranaki to undertake work at the conclusion of their scholarship.
- If the scholar should leave the programme of study or fail to qualify, an explanation must be presented to the Scholarship Assessment Panel (SAP). A decision will be made by the SAP as to whether any Scholarship monies should be repaid. If a leave of absence is required the SAP will work with student to reach an agreement upon if and when the Scholarship should recommence.
- If the scholar ceases health related employment in the Taranaki area before they have completed the bonding period, a proportional amount of the Scholarship funds paid to the student are required to be repaid.
- If upon qualifying the scholar is unable to be recruited into a relevant position in the Taranaki area for reasons beyond their control e.g. no position available, then the reason will be presented to the SAP. The SAP reserves the right to decide whether any of the Scholarship funds should be repaid by the student.
- The Scholarship is not transferable between programmes of study e.g. a scholar commencing study in nursing cannot transfer to study in physiotherapy during the period of the Scholarship.
- The Scholarship maybe terminated if:
 - The scholar does not comply with the conditions of the scholarship
 - The scholar fails to pursue the agreed programme of study
 - The host tertiary education institution is not satisfied that the scholar is diligently carrying out the agreed programme of study.
- The scholar will only be eligible to receive payment once they have successfully completed a suitable programme of study.

APPENDIX 1.



SCHOLARSHIP TABLE

NAME	AIM TYPE OF SCHOLARSHIP	OUTCOME	SPONSORSHIP VALUE
Work Experience and Mentoring Scholarship	<p>To provide students with the following:</p> <ul style="list-style-type: none"> ✓ Financial contribution of \$500.00 per annum towards studies on an annual basis ✓ Paid work experience of 6 weeks per annum in chosen field of study. This could be taken at any stage throughout the year. ie 3 x 2 week work sessions. ✓ Work experience need not necessarily be in the hospital setting. 	<p>Provide mentoring role to students</p> <p>Provide students exposure to real health environments</p>	<p>Annual</p> <p>One off annual payment to the value of \$500.00 on successful completion of annual study.</p> <p>Payments for work experience made as and when work is undertaken throughout year.</p> <p>Scholarship granted for term of study.</p>
Health Study – Financial Assistance Scholarship	<p>Targeted lump sum funding for course fees for those students taking up careers in identified areas. eg:</p> <ul style="list-style-type: none"> ✓ Dental Therapists ✓ Maori Health ✓ Nursing ✓ Rural/community health workers 	<p>Encourage individuals who are serious about health, but may have chosen a different career path due to training costs, to formally train in and enter the industry.</p>	<p>Annual, one off payment up to the value of \$5000.00 per annum.</p> <p>One off payments made on successful completion of annual course.</p> <p>Scholarship granted on an annual basis.</p>
Return to Health Study Scholarship	<p>To increase the future workforce supply by providing opportunities to individuals who are looking to return to the health workforce after a significant break.</p>	<p>Providing specific opportunities to the mature workforce. E.g:</p> <ul style="list-style-type: none"> ✓ return to work mothers ✓ Individuals re-entering a health career. 	<p>Annual, one off payment up to the value of \$5000.00 per annum.</p> <p>One off payments made on successful completion of annual course.</p> <p>Scholarship granted on an annual basis.</p>



HEALTH SCHOLARSHIP REQUEST FOR REIMBURSEMENT

1. PERSONAL DETAILS

Family Name: _____

First Names: _____

Title: Mr Mrs Ms Miss

Postal Address: _____

Daytime Telephone: _____ Alternative Contact Number: _____

Email: _____

2. SCHOLARSHIP TYPE

Please indicate which scholarship you were accepted for and are seeking reimbursement under:

- Work Experience and Mentoring Scholarship
- Health Study – Financial Assistance Scholarship
- Return to Health Study Scholarship

4. COURSE OF STUDY

Please list the name of qualification/paper that you are seeking reimbursement under:

5. SUCCESSFUL COMPLETION OF STUDY

Confirming I have attached the following documentation to my application:

- Receipt for course costs
- Academic transcript proving successful completion of year of study

Scholarship payments will only be made on presentation of the above documentation.

Please return your completed request form to:
HR Coordinator, HR Department, Taranaki DHB, David Street, NEW PLYMOUTH

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY

Letter sent and scholarship paid:	Amount Paid:
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HEALTH SCHOLARSHIP

APPLICATION FORM

- Please print your answers clearly on the application form using blue or black ink.
- Please staple your application (including supporting documentation) once in the top left hand corner. Do not send bound applications.
- Completed applications and all supporting documentation must be received no later than:

To be advised

- Please post or courier applications to:

**Recruitment Manager
Human Resources Department
Taranaki District Health Board
Private Bag 2016
David Street
NEW PLYMOUTH**

- **Hard copies only will be accepted. Please do not forward applications via email**
- If you have any questions please contact:

Charles Hunt
E: charles.hunt@tdhb.org.nz
T: 06 753 6139 Extn: 8464

- All applications are reviewed by a Scholarship Assessment Panel in accordance to set criteria.
- The assessment panel's decision is final and no correspondence will be entered into.



HEALTH SCHOLARSHIP

APPLICATION FORM

1. PERSONAL DETAILS

Family Name: _____

First Names: _____

Title: Mr Mrs Ms Miss

Postal Address: _____

Daytime Telephone: _____ Alternative Contact Number: _____

Email: _____

Fax: _____

Are you a New Zealand resident: Yes / No

- Are you: Entering a new programme of study
 Already enrolled in a programme of study
 Recently qualified
 Up-skilling to return to the workforce

3. SCHOLARSHIP TYPE

Applicants can be considered for multiple scholarships, but will only be awarded a maximum of one scholarship per calendar year. Should you wish to apply for more than one scholarship please identify, by numbered preference, for which scholarships you wish to be considered.

Please consider my application for the following scholarship/s:

- Work Experience and Mentoring Scholarship
 Health Study – Financial Assistance Scholarship*
 Return to Health Study Scholarship*

Please see appendix one for specific scholarship details.

* Please note that this scheme may be subject to a bonding period of 1 year.

3. EEO INFORMATION

EEO information is collected by Taranaki DHB as part of its Equal Employment Opportunities (EEO) policy. Your information is confidential. You will not be identified in any report in which this ethnicity data is used.

Completion of this section is voluntary and not a formal requirement of the application process.

Male Female

- | | | |
|------------|--|---|
| Ethnicity: | <input type="checkbox"/> Maori | <input type="checkbox"/> NZ European/Pakeha |
| | <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Niuean |
| | <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| | <input type="checkbox"/> Tongan | <input type="checkbox"/> Tokelauan |
| | <input type="checkbox"/> Other Pacific | <input type="checkbox"/> South East Asian |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other |

4 REFEREES

Please provide below the name, address and telephone number of two referees who can be contacted in support of your application.

1. Name: _____	2. Name: _____
Title: _____	Title: _____
Relationship to you: _____	Relationship to you: _____
Phone: () _____	Phone: () _____
Address: _____ _____ _____	Address: _____ _____ _____

5 PROPOSED PROGRAMME OF STUDY

Name and location of the tertiary institution for programme of study:

Name of qualification you intend to complete:

Please explain why you interested in this course of study?

Please outline any further career development or career goals you may have?

Expected completion date:

Please attach proof of acceptance in programme of study

OR

If you have already commenced study this section must be signed by an authorised academic staff member at the institution where you are undertaking study

OR

if you have recently qualified from a programme of study, attach an overview of the papers you have completed and attach copies of results/qualifications.

Signed: _____

Name: _____

Position: _____

Date: _____

Tertiary Institution Name: _____

6. ACADEMIC RECORD

Please detail your academic history below and attach copies of qualifications (please do not send original documentation)

NAME OF SCHOOL/TERTIARY INSTITUTION	YEAR(S) OF ATTENDANCE	QUALIFICATION

Mature Students

- Mature students who have not undertaken a formal course of study in recent years should list above any informal qualifications they have obtained.
- Please also include below details of any relevant paid or voluntary work

7. COMMITMENT TO WORKING IN TARANAKI

Please explain your motivation for wanting to work in a health career in Taranaki.

APPLICATION CHECKLIST

Please check off the following:

- I have checked that my application form is correct and fully completed
I have attached the following documentation
 - Curriculum Vitae
 - Copies of academic record / results
 - Proof of acceptance in programme of study
 - Proof of New Zealand residency (if appropriate)

- Obtained signature from authorised academic staff member from tertiary institution on all relevant documentation

- Completed Declaration of Other Funding section

- I understand that if the application form is not fully completed or supporting documentation is NOT attached to the application form, the panel may not consider my application.

PRIVACY ACT

The Taranaki DHB will, in accordance with the provisions of the Privacy Act 1993, make available to the applicant on request the personal information that it holds about the applicant and will make any appropriate corrections to that information, to ensure that the information which is held is accurate.

CERTIFICATION OF ACCURACY

I confirm that all of the information supplied in support of my application is accurate at the date of signing.

I authorise the Scholarship Assessment Panel to contact any person in connection with my academic record.

SIGNATURE: _____

NAME: _____

DATE: _____

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