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| 2023/24 Nursing and Midwifery Scholarships Applicant Details | | | | | | | | | | |
| **Applicant Name:** | | | |  | | | **Applicant Role:** | | |  |
| **Applicant AGS:** | | |  | | | | **Work Unit:** | | | |
| **Course Level:**  EN Applicants only:  Advanced Diploma  EN and RUSoN/M Applicants:  Bachelor of Nursing  Bachelor of Midwifery | | | | | | | RN/RM Applicants:  Bachelor of Nursing (Honours)  Bachelor of Midwifery  Graduate Certificate  Graduate Diploma  Masters | | | |
| Manager’s Declaration | | | | | | | | | | |
| I, | (insert manager’s name here) | | | | | declare that I support the applicant | | | | |
| to undertake the course of study, and I confirm the course of study:  Is supported in the applicant’s Work Partnership Plan  Is relevant to the applicant’s role; and  Aligns with the work unit/health service’s needs.  Has the applicant received other NT Health funding for this course of study:  Yes  No | | | | | | | | | | |
| If yes, specify funding source: | | | | |  | | | | | |
| If yes, specify funding amount: $ | | | | |  | | |  | | |
|  | | | | |  | | |  | | |
| **Manager’s Name:** | |  | | | | | | **Role:** |  | |
| **Agency:** | |  | | | | | | **Phone:** |  | |
| **Signature:** | |  | | | | | | **Date:** |  | |
| Please note the Scholarship Assessment Panel may contact the manager for further information. | | | | | | | | | | |