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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 DiplomaEN 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. |