



VST Stroke Scholarship - 2019 Application Form

APPLICATION PROCESS

This is a competitive process, so please take some time with your application.

All applications must include:

- 1) a 3 page (maximum) curriculum vitae (CV)
- 2) a completed application form

Please complete the application form below and return via email to VST.Support@ambulance.vic.gov.au

Applications close Tuesday 11 June at 5:00 pm

Incomplete and/or late applications will not be considered.

WHO IS ELIGIBLE TO APPLY

Nursing and Allied Health clinicians working at a VST site who are able to demonstrate the following:

- * A current Australian Health Practitioner Registration Agency (AHPRA) registration
- * Current employment (for a minimum of 6 months continuous service) at a regional VST site where the care of stroke patients is a significant part of your case load (>50%)
- * Your commitment to improving stroke management outcomes at your place of employment
- * How you propose to transfer the knowledge to benefit your organisation

TERMS AND CONDITIONS

VST is offering 2 scholarships to support Nurses and Allied Health professionals working in the area of acute/sub-acute stroke care in regional Victoria to attend one of two Australian Stroke Conferences.

Each scholarship is valued at \$1,500, payable directly to the successful applicants for the purposes of registration and travel costs to attend either:

- * Smart Strokes 2019 Conference, 8-9 August 2019, Hunter Valley NSW

OR

- * 29th Annual Scientific Meeting of the Stroke Society of Australasia, 10 – 13 September 2019, Canberra ACT

Successful applicants will be assessed according to the key selection criteria as outlined in this application form.

The successful applicants will be required to:

- * provide a certificate of attendance within 14 days of the conference
- * demonstrate that the knowledge obtained by this scholarship has been shared within your organisation to improve stroke management and outcomes
- * scholarship funds must be used exclusively for the costs associated with attendance at the above mentioned conferences and not for any other purpose.





YOUR CONTACT INFORMATION	
Title	
Given Name	
Family Name	
Address	
* Number/Street	
* Suburb	
* Postcode	
Preferred telephone number	
* Work	
* Mobile	
* Home	
Email address	

CONFERENCE INFORMATION		
Which conference scholarship are you applying for?		
* 29th Annual Scientific Meeting of the Stroke Society of Australasia – Canberra, ACT		<input type="checkbox"/>
* Smart Strokes 2019 – Hunter Valley, NSW		<input type="checkbox"/>
Have you already registered and paid to attend this Conference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CRITERION 1 - REGISTRATION STATUS		
Do you have Australian Health Practitioner Registration Agency (AHPRA) registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you hold a qualification recognised by your professional association within Australia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is your AHPRA registration number?		

CRITERION 2 - EMPLOYMENT STATUS		
Please provide the details of your current position		
* Health Service Name		
* Campus		
* Position		
* Area of practice		
Are you employed full time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you work part time, at what fraction are you employed?		
Have you been employed for a minimum of 6 months continuous service in your current role?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the care of stroke patients a significant part of your case load (>50%)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO





CRITERION 3 - EMPLOYER SUPPORT		
Does your employer support your attendance at the conference you have indicated you wish to attend with this scholarship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your employer aware of leave requirements and other expenses (travel etc.) that are related to attending this conference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide the contact details of your direct line manager who will be required to endorse this application * Manager Name * Manager Title/Role * Manager email address * Manager phone number		

CRITERION 4 - KEY SELECTION CRITERIA	
Relevant clinical or other professional experience: Please provide a brief summary of relevant professional / clinical experience you have that substantiates your application for a scholarship. Include information about previous positions, length in post, relevance to stroke care.	maximum 300 words





<p>Relevant Undergraduate / Postgraduate Qualifications: Please provide a brief summary of relevant undergraduate or postgraduate study or courses that you have undertaken that substantiate your application. Details may include: Name of course/program, year of completion, Institution/education Provider.</p>	<p>maximum 300 words</p>
<p>Commitment to area of practice: Provide a description of your commitment to the area of stroke clinical practice. Include information about professional memberships, presentations, education or research activities, self-directed learning in a specific theme relating to stroke, journal subscriptions, or a statement about how attendance at this conference will assist your intended career path.</p>	<p>maximum 300 words</p>





<p>Knowledge transfer to benefit organisation: Describe how your health service will benefit from your attendance at the conference. For example, you may give a presentation, evaluate care practices, develop a care protocol, or contribute to an existing project. Indicate how the conference will address your clinical interests.</p>	<p>maximum 300 words</p>
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SUPPLEMENTARY INFORMATION			
Have you received a scholarship or funding from the Victorian Stroke Clinical Network or the Department of Health and Human Services in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, please provide details regarding the previous <ul style="list-style-type: none"> * Funder * Purpose * Year awarded * Amount \$ 			
Have you been awarded a scholarship, grant or professional development funding from another source to attend the SSA or Smart Strokes 2019 Conference (eg employer, professional body, etc)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, please provide details regarding the previous <ul style="list-style-type: none"> * Name of source * Purpose of funding (eg registration, travel costs) * Year awarded * Amount \$ 			



DECLARATION	
<p>To the best of my knowledge the information I have provided is true and correct. I have read the Applicant guidelines and agree to abide by the criteria and conditions for applicants. I understand that scholarships are allocated at the discretion of Ambulance Victoria and that the decision of Ambulance Victoria is final. I understand that I may be contacted in the future for evaluation purposes to assess the impact of the VST Stroke Scholarship program. I understand that my contact details will be added to the VST email list and I will receive ongoing correspondence about VST's activities as a result of this application. By submitting this application I agree to the above conditions.</p>	<p>Name:</p> <p>Signature:</p> <p>Date:</p>
<p>Privacy Statement: Ambulance Victoria is collecting your personal information to allocate scholarships. Your information may be disclosed to named employers and universities in order to assist us in assessing your eligibility, for data collection and for administration purposes. You can access your personal information held by Ambulance Victoria on 03 9035 7188 or by email on VST.Support@ambulance.vic.gov.au. You may choose to give some or none of the information requested, however we may be unable to process your application.</p>	

Further information

For information regarding the VST Stroke Scholarship 2019, including information on how to apply please contact the VST office on 03 9035 7188 or VST.Support@ambulance.vic.gov.au

APPLICATIONS CLOSE TUESDAY 11 JUNE 2019 AT 5:00 PM

