



**Application 2: Postgraduate Education Grants  
For midwives undertaking Masters Thesis or PhD**

**Full name:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**New Zealand Midwifery Annual Practising Certificate Number:** \_\_\_\_\_

**Bank Account number: (where you wish the grant to be direct credited to)**

\_\_ / \_\_\_\_ / \_\_\_\_\_ / \_\_ (or attach bank deposit slip)

**Please describe your main midwifery employment status (tick one option)**

- Self employed midwife claiming under Section 88
- Employed caseloading midwife
- DHB or private maternity facility employed core midwife / charge midwife, clinical midwifery educator or other clinical midwifery role
- Non clinical midwifery role such as a midwifery advisor, midwifery manager, midwifery educator in an undergraduate or postgraduate midwifery education setting.
- Other – please specify \_\_\_\_\_

If employed - please state your current average hours of employment per week. \_\_\_\_\_

If caseloading - please state your current annual caseload. \_\_\_\_\_

Are you intending to complete a midwifery postgraduate qualification?

Yes / No

If yes, please state the qualification you will receive on completion.

Ethnicity: To which ethnic group(s) do you belong?: (answering this question is not mandatory)

Tick one or more boxes or specify:

<input type="checkbox"/>	European not further defined (nfd)
<input type="checkbox"/>	New Zealand European/Pakeha
<input type="checkbox"/>	Other European
<input type="checkbox"/>	New Zealand Maori
<input type="checkbox"/>	Pacific Island nfd
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Cook Island Maori
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Niuean
<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	Other Pacific Island Groups
<input type="checkbox"/>	Asian nfd
<input type="checkbox"/>	Southeast Asian
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Latin American/Hispanic
<input type="checkbox"/>	African (or cultural group of African origin)
<input type="checkbox"/>	Other (Specify)

	Yes	No
Are you a New Zealand citizen or hold New Zealand permanent residency status as conferred by the New Zealand Immigration service?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current New Zealand Midwifery Annual Practising Certificate (APC) with the Midwifery Council?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any restrictions on that APC which would impact negatively on your ability to participate in postgraduate study?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently participating as a graduate midwife in the Midwifery First Year of Practice programme?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving Ministry of Health funding (through your employer or fees refund) to participate in the Midwifery Complex Care clinical training?	<input type="checkbox"/>	<input type="checkbox"/>
Have you practised as a midwife in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you enrolled in midwifery postgraduate education between 1 January 2012 and 30 June 2012?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received funding from your employer or another source in undertaking this qualification including payment in kind? If yes please specify all funding or support received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are an employed midwife, have you notified your employer of your intention to undertake post graduate study?	<input type="checkbox"/>	<input type="checkbox"/>
Are you GST registered?	<input type="checkbox"/>	<input type="checkbox"/>

**Please complete the following table, setting out your Masters or PhD enrolment between 1 January 2012 to 30 June 2012. Please indicate which Grant Category is applicable for your enrolment. Please see the attached Information Sheet to assist you to complete this section.**

<b>State whether Masters Thesis / PhD enrolment or, if enrolled in a paper towards Masters or PhD completion, state Title of paper</b>	<b>Number of credits</b>	<b>Education provider</b>	<b>Enrolment commencement (e.g February 2012)</b>	<b>Enrolment completion date (e.g June 2012)</b>	<b>Grant Category</b>

**If enrolled in Masters Thesis or PhD, please complete the following table**

<p>Masters Thesis or PhD Title:</p> <p>Brief description of study topic:</p> <p>Brief description of relevance of Masters Thesis or PhD to midwifery practice:</p> <p>Planned completion date:</p>
--

Please note that if you withdraw from, or do not complete the course requirements for a course for which you have been awarded grants funding, you are obliged to notify NZCOM of your withdrawal and, depending on the circumstances, you may be required to refund the Grants funds.

#### **Permission to Release Information**

HWNZ requires outcomes data on study undertaken by midwives who receive grants funding.

The terms under which grants funds are awarded require the disclosure of course / paper outcome information from the education provider to HWNZ and NZCOM.

NZCOM and HWNZ will collect and use such information only for the purpose of assessing the grants entitlements and the outcome of the funding and not for any other purpose; and the information shall be kept confidential and limited to the person/s administering the grant.

For the purposes of this application you are required to authorise continuing disclosure of information from your education provider on the terms below; and any withdrawal of such

consent will affect your entitlements and will result in your being required to repay all grant moneys paid to you.

**DECLARATION AND AUTHORITY TO DISCLOSE INFORMATION:**

**I DECLARE that the information I have provided is correct and complete in all respects and that I accept the terms outlined in this application form.**

**I AUTHORISE AND DIRECT any Tertiary Education provider at which I am/have been undertaking any course of study relating to this grant to provide to the New Zealand College of Midwives and Health Workforce New Zealand the following information:**

- Full name
- Relevant course / paper completion information (below)
  - Date of course / paper completion
  - Outcome of course / paper
    - Pass or failure to attain a pass
    - Withdrawal from course
    - Date and reason for withdrawal

Full Name:

Signature:

Date:

**Checklist**

Please ensure you have included the following:

Evidence from the education provider that you have/ were enrolled in the papers stated in this application	
Copy of your fees statement from the education provider	
Copy of bank deposit slip with the bank account number you would like the grant be to be deposited into	
GST Registration number if you are GST registered	
Completed Career Plan Template	

**Please return completed form by Friday the 20<sup>th</sup> of April 2012 to:  
NZCOM  
Postgraduate funding application  
PO Box 21-106  
Christchurch 8143**

Please ring the New Zealand College of Midwives on (03) 377 2732 should you have any questions.

**Office use only**

<b>Name</b>	
<b>Approved</b>	
<b>Credits / Category / PU code</b>	
<b>Fees Amount</b>	
<b>Grant Amount</b>	