



**Nursing & Midwifery
Wairarapa DHB**

CLINICAL TRAINING AGENCY FUNDING APPLICATION FORM FOR REGISTERED NURSES

This form is to be used for Level 8 Nursing Council approved Post Graduate clinical nursing training eligible for Clinical Training Agency (CTA) funding (for more information see <http://www.moh.govt.nz/cta>).

APPLICATIONS FOR 2010 CLOSE 31ST OCTOBER 2009

Important: This application covers the ENTIRE 2010 academic year, Semesters 1, 2 and summer school. Therefore this is your **ONLY** opportunity to gain funding for post graduate study in 2010.

PROCESS FOR APPLICATION

1. Check you and the paper/s are eligible for CTA funding (see *Checklist for CTA Funding Approval*).
2. Complete all sections of this *CTA Funding Application Form* and *Checklist for CTA Funding Approval*.
3. Ensure signatures obtained and additional information is attached e.g. course outline, professional development/career plan, evidence of PDRP attainment etc.
4. Forward all documentation to the Director of Nursing, Wairarapa DHB, P.O. Box 96 Masterton.
5. Application will be considered against the specified criteria (*Checklist for CTA Funding Approval*).
6. A letter will be posted notifying you of the outcome and payment arrangements.

SECTION A . APPLICANT INFORMATION *All sections must be completed in full.*

CURRENT PRACTISING CERTIFICATE (No.)

[Empty input box for Current Practising Certificate No.]

NAME

[Empty input box for Name]

CURRENT EMPLOYER

[Empty input box for Current Employer]

ETHNICITY

If Maori please indicate which Iwi or Hapu

_____ ←

*Please note there is **additional funding** available for Maori and Pacific trainees for Mentoring, cultural supervision and cultural development. Please indicate if you want support for cultural supervision:*

Yes No
(please circle one)

For more information see the WDHB website at:
<http://www.wairarapa.dhb.org.nz> then click on Nursing/Midwifery and scroll down to **CTA – Postgraduate Study** and click on **CTA cultural support** for more information and relevant templates

OFFICE USE ONLY: Note taken of request for Cultural Development yes / No

Please circle one of the following:

- European
- New Zealand European/Pakeha
- Other European
- New Zealand Maori
- Pacific Island nfd
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Tokelauan
- Fijian
- Other Pacific Island Groups
- Asian nfd
- Southeast Asian
- Chinese
- Indian
- Other Asian
- Middle Eastern
- Latin American/Hispanic
- African or cultural group of African origin
- Other

Note nfd stands for not further defined.

GENDER

Male or Female
please circle one

DATE OF BIRTH

_____/_____/_____

CLINICAL SERVICE AREA currently working in:

e.g.
Community Health, Medical Practice, Critical Care & Emergency, Medical Practice

[Empty input box for Clinical Service Area]

DATE TRAINING TO COMMENCE:

QUALIFICATION SOUGHT:

e.g.
Post Grad Certificate in Cardiac/Cardiothoracic
Masters Applied
Post Grad Diploma in Nursing

**EXPECTED COMPLETION DATE FOR
QUALIFICATION ABOVE**

CURRENT EMPLOYMENT FTE
(how many hours a week do you work)

CURRENT POSITION

DURATION OF EMPLOYMENT
(months/years)

HOME POSTAL ADDRESS
(funding only available to NZ residents)

BEST DAY TIME PHONE CONTACT

EMAIL (NB. Email will be the MAIN form of
communication – please check regularly)

SECTION B . PROPOSED STUDY DETAILS



1. PROPOSED COURSE OF STUDY FOR 2010

(PAPER DETAILS for ALL semesters)

Course Code (if applicable)	Paper Title	Semester (1, 2, Full year or Summer school)				Cost Per Paper	Expected Completion date of paper	Point Value e.g. 15 pts, 30 pts etc.
		1	2	F	S			
		1	2	F	S			
		1	2	F	S			
		1	2	F	S			
		1	2	F	S			

Brochure / course information attached

2. EDUCATIONAL INSTITUTION (programme provider)

Who you are studying with for this application

3. CAMPUS LOCATION

**4. I have checked and my course/programme is NZNC approved **

YES / NO (delete one)

YES / NO (delete one)

5. COMPLETED EDUCATIONAL QUALIFICATIONS

Please list your nursing and other academic qualifications: certificates, diplomas, degrees etc	Date completed	Grade	Educational Institution
Qualification			

SECTION C . FUNDING & ENDORSEMENT OF APPLICATION



STUDY COSTS

Description of Costs	Amount
Paper/s (total from above)	
Accommodation* <i>* This should be based on an accommodation nightly rate of up to \$100/night</i>	
No. nights _____ @ \$ _____	
Travel based on \$50 round trip to Wellington or Palmerston North.	
No. return trips _____ @ \$ _____	
Clinical	
No. clinical release days _____ @ \$ _____ /day	
Clinical supervision	
Clinical access (e.g. nurse practitioner prescribing practicum)	
TOTAL REQUESTED	

ALTERNATIVE FUNDING

Please list any other scholarships, grants or financial assistance you will/ are receiving to assist you complete your studies.

Description Amount	TOTAL
TOTAL REQUESTED	

PREVIOUS GRANTS/ FUNDING RECEIVED

If you have received funding from WDHB in the past 2 years, please record this below.

Description Amount	TOTAL
TOTAL REQUESTED	

SECTION D . CAREER PLANNING

1. Describe how this study fits with your personal professional development/career plan?

plan attached

2. Describe how this study fits with your service development priorities/plan?

SECTION E . APPLICANT DECLARATION

The enclosed information is true and correct to the best of my knowledge. I understand that:

- the application may be returned if it is incomplete in any way or
- declined if it does not meet all the eligibility criteria for CTA funding
- withdrawal or changes in the programme of study must be in writing to the Director of Nursing

Signature of Applicant: _____ Date: _____

If your application is successful Wairarapa DHB has an expectation that you will:

- *Successfully complete the paper/course .*
- *Feedback knowledge gained to WDHB or relevant nursing and midwifery forums through teaching sessions both in clinical settings and wider education settings or The Nursing & Midwifery Journal article and/or complete a quality improvement related to study undertaken.*
- *If you need to withdraw from a paper/study you will make every effort to contact the Nursing Directorate on 9469800 ext. 5845 as soon as possible.*

SECTION F . LINE MANAGER / EMPLOYER APPROVAL

We require your Line Manager/Employer to support this application. Ask your line manager to complete this section.

EMPLOYER SUPPORT

Management considerations:

- Is this study relevant to the learning needs/career plan of the staff member? Yes No
- Is this study consistent with identified clinical priorities and service goals/direction for the organisation? Yes No
- Does this individual contribute to the organisation (eg. resource role, preceptor, clinical leadership, protocol development, etc)? Yes No
- Do you support the applicant to undertake this programme/paper(s) and release them for study days? Yes No

Comment, justification and recommendation:

Has assistance been requested from other funds: Yes No

If so which funds:

Was funding received? : Yes No If yes, amount received \$.....

Any Conditions of Approval:

.....
.....

SIGNED BY:

MANAGER NAME	MANAGER CONTACT DETAILS
<i>Signature:</i>	<i>Date:</i>

UNIT MANAGER NAME	MANAGER CONTACT DETAILS
<i>Signature:</i>	<i>Date:</i>

Please mail your completed and signed application form and any attachments to:
Helen Pocknall
Director of Nursing
P.O. Box 96
Masterton

CLOSING DATE: 31 OCTOBER 2009

For office use only

- Committee approved/declined
- Signed by one Committee members:

- Signed by Administrator
- Letter sent to applicant and date

Send copies to:

- WDHB HR (for file) if applicable
- WDHB Payroll (for reimbursement with receipt)
- Applicant's Manager/Organisation

Director of Nursing
Signature

...../...../.....
Date

Year	Total funding to be paid

NURSING CLINICAL TRAINING AGENCY (CTA) FUND INFORMATION

This fund is to support nurses studying towards level 8 post graduate qualifications and papers with:

- ✓ Tuition Fees
- ✓ Travel subsidy
- ✓ Accommodation subsidy
- ✓ Clinical Release (Study Days) - up to 7 days for each level of study
- ✓ Clinical Access (costs for nurse practitioners prescribing practicum(s) only)
- ✓ Clinical supervision - this is defined as coaching and mentoring to support the trainee to meet the requirements of the training programme

PROCESS FOR APPLICATION

1. Access and complete the attached form prior to commencement of study (*do not include any original documents in application*). Include on application form, full details of cost and a copy of the course outline. **If this is not yet available, an indicator of cost provided by the tertiary provider is required with the application form.**
2. Ensure recommendation signatures and letter(s) of support are attached.
3. Include a letter of application outlining what you will achieve through the specified study, past achievements and future goals.
4. Forward all documentation to the WDHB Director of Nursing by 31ST October 2009.
5. The Nursing CTA Fund Advisory Group meets in December to consider applications. Applications will be considered against the following criteria:
 - Applicant is registered as a Registered Nurse under the Health Practitioners Competence Assurance Act (HPCAA) (2003).
 - Applicant has a current Annual Practising Certificate.
 - Applicant must be a NZ Citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service
 - Applicant is currently employed as a Registered Nurse by a health service that is funded by the District Health Board or Ministry of Health from Vote Health.
 - Course of study applied for is at post graduate level (level 8 on the National Qualifications Framework) informing advancing nursing practice (papers and qualifications will not be funded retrospectively).
 - Applicants must meet the entry criteria required by the education provider

- Course of study applied for leads to a recognised post graduate qualification such as a Postgraduate Certificate, Postgraduate Diploma or Master's degree.
- Course of study applied for is accredited by New Zealand Qualifications Authority and approved by the Nursing Council of New Zealand.
- Course of study is consistent with the requirements of the HPCA Act (2003), National Professional Development and Recognition Framework (2003/2005) and the competencies for the Registered Nurse and/or Nurse Practitioner scopes of practice (NCNZ, 2005).
- Course of study meets the needs of the individual and clinical setting as determined through performance appraisal or career plan and line management recommendation.
- Course of study is consistent with:
 - Prioritised workforce needs identified by WDHB
 - The WDHB District Annual Plan and District Strategic Plan
 - The relevant Workforce Action Plan
 - Government priorities and national health policy
- There is evidence of active contribution to the relevant organisation.
- Tenure of applicant (if applicant has been employed by relevant organisation less than one year the decision to support is at the discretion of the committee).
- There is line manager endorsement of course and approval for study leave.
- Previously successful tertiary study.
- Demonstrates value for money.
- Higher priority may be given to applicants who have not received previous financial support from CTA funding within last 12 months.
- If funding has been received from another source the application is not eligible for CTA funding.

ENROLLING WITH THE TERTIARY INSTITUTION

1. Once you have been advised that your CTA funding application has been successful **YOU** must enrol with your tertiary provider. If you have not heard anything please contact the Nursing Directorate for confirmation.
2. It is **YOUR** responsibility to enrol with your chosen tertiary institution in a timely manner. Please ascertain the enrolment deadlines to ensure your registration will be accepted.

REIMBURSEMENT OF COSTS

Organisations have different processes for reimbursing costs, please discuss this with your organisation prior to completing this application.

WDHB (Provider Arm)

- Your fees, travel and accommodation are to be paid in full by you.
- Nurses are entitled to apply for a student loan to pay for these fees through the normal process.
- When hard-copy confirmation of pass is obtained from the tertiary institution, this together with initial receipts for course fees and accommodation should be presented to the WDHB Nursing Directorate for reimbursement.

Primary Health Care Applicants - e.g. PHOs, Aged Care Sector, Practice Nurses

- Primary Health Care applicants also pay for their fees, travel and accommodation costs up-front. Some primary health care employers are willing to pay on behalf of their employees but this is up to you to discuss with your employer.
- If your funding application is accepted, WDHB will send details of your claimable costs to both you and your employer.
- At the end of each paper, reimbursement of fees, travel, accommodation, and study leave will be made to your employer after you have successfully completed your studies and upon the Wairarapa District Health Board receiving an invoice for the above costs from your employer and official confirmation that your paper/s have been passed. We will not reimburse you directly, nor should you invoice us directly.

6. For information and assistance on postgraduate study please contact:

Helen Pocknall, Director of Nursing
Phone: 06 9469885