

Rural Clinical Placement Bursary

Application form

Your personal and pr	ogram details						
Given name:		Family name:					
Student Number:		Phone:					
Student email:		Program:					
Year level (in 2015):		Graduation date (expected or actual):					
Description of financial need							
Please specify which option(s) apply to you:							
Low or no incomeLives with family							
Describe reasons why financial assistance may be required to attend clinical placement in a rural region:							
Costs							
Please provide the estimated breakdown of expected costs (based on financial assistance required).							
Travel:	\$						
Accommodation:	\$						
Other costs*:	\$						

*Please provide details of anticipated related other costs (i.e. living expenses including food):

Made possible by





Statement of support						
Verification from one academic staff member (i.	.e. lecturer/c	clinical l	ecturer)	from your	program.	
Name of staff member:	Staff num	ber:				
Phone:	Staff email:					
Signature:	Date:	/	/			
Applicant declaration						
I declare that, to the best of my knowledge, the information supplied in this application and the documentation supporting it is true and complete. I acknowledge that the provision of false information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of any scholarship by the University of Adelaide, School of Nursing.						
I confirm that I have read and understood the scholarship information and understand the conditions of the scholarship. I authorise the University of Adelaide, School of Nursing, to obtain, where necessary, further information regarding this application from other relevant bodies. I understand that the scholarship process is competitive and that not all applicants who meet the eligibility criteria can be awarded a scholarship.						
By signing below, successful applicants are giving consent to the University of Adelaide, School of Nursing, for their names, program details, results, and other relevant details to be disclosed to the donor organisation, and to the media, if desired for promotional purposes.						
Signature:	Da	ate:	/	/		
Application checklist						

Enrolled in the Bachelor of Nursing or Master of Clinical Nursing at the time of application and anticipate undertaking rural clinical placement in the correlating course for a block placement in a remote, regional or rural town
Demonstrate why financial assistance may be required and no more than the maximum amount of \$500 has been applied for
Acquired support from lecturer/clinical lecturer
Not be in receipt of any other scholarship or bursary that relates to clinical placement
Will abide by the requirements as detailed under the responsibilities of the successful applicant

Applicant submission

Applications close on 6 November 2015. Applications are to be submitted via email to:

School of Nursing The University of Adelaide South Australia 5005

Email: nursing@adelaide.edu.au

Incomplete applications will not be considered.

Privacy Statement

The University of Adelaide, School of Nursing, is providing you with this notice because the School of Nursing has sought personal information about you. The School of Nursing needs this information so that it can fully and properly assess your application in accordance with its policies and procedures. The information you supply on this form and in any documentation supplementary to this application may be provided to scholarship selection authorities.

OFFICE USE ONLY						
Staff member's explanation for recommendation						
I have reviewed this student's application and recommend them for the Rural Clinical Placement Bursary because:						
Signature:	Date: / /					