

Please refer to the HWSP Eligibility Guidelines prior to completion of your application.

PERSONAL DETAILS

First name: _____ Middle name: _____

Last name: _____ Date of birth: _____

CONTACT DETAILS

Residential address: _____

City: _____ State: _____ Postcode: _____

Mobile number: _____ Landline: _____

Email: _____

EDUCATION

Highest Education Level: _____

University / College attended: _____

In which year did you complete your qualification relevant to this application? _____

CURRENT EMPLOYMENT

Please provide an up to date CV with your application, along with evidence that you deliver primary health care services to MMM 3-7 locations in Tasmania (employment contracts or statement from employer).

Job Title: _____

Profession: _____

Current professional registration: _____ AHPRA No (if applicable) _____

Select the most appropriate option to describe your current employment:

Private practice THS Not-for-profit sector only Mix of private/ not-for-profit and public

How many hours per week do you work in private / not-for-profit practice? _____ hrs

Employing organisation name: _____

Main work location: _____

Please detail any outreach work locations including days and hours:

Main employer contact: _____ Email: _____

Phone: _____ Website URL: _____

DETAILS OF THE COURSE FOR WHICH YOU ARE APPLYING

Course name: _____

Course institution/organisation: _____

Course location: _____

Course start date: _____ Course end date: _____

Part time Full time Face to face Online

Cost of course: \$ _____ Estimated travel costs: \$ _____

Estimated accommodation costs: \$ _____

Have you received or have you applied to receive any other financial assistance to complete this course?

Yes No

If yes, what financial assistance have you received?

Please note: By submitting this application you agree to your details being cross referenced with other scholarship providers.

Please indicate the aims of the professional development/course you have identified and how they relate to the service you provide to the community (Please attach or include links to supporting documentation or evidence).

How will completion of the course contribute to meeting local needs, service priorities and improve the health outcomes of the rural community in which you work?

FEEDBACK

Where did you hear about the Health Workforce Scholarship Program?

APPLICATION CHECKLIST

- The application is completed in full
- I have attached my CV
- I have provided evidence that I work in or deliver services to MMM 3-7 locations in Tasmania (employment contract or statement from your employer)
- I understand that my scholarship may have a Return of Service Obligation attached
- I have discussed my scholarship application with my employer and they are aware of my application and any encompassing study leave or support required
- I have read and understood the Health Workforce Scholarship Program Eligibility Guidelines and I am satisfied that my application is eligible

- All information provided is true and accurate.

Name: _____ Date: _____

Please send your completed application to scholarships@hrplustas.com.au