**ROYAL MELBOURNE GRADUATE NURSES’ ASSOCIATION**

**Jane Bell Scholarship Application Form**

## **Submission Details**

# Please ensure all appropriate sections are completed electronically

# This completed form must be submitted with other required documentation (see the Jane Bell Scholarship ‘Award details & selection criteria’ guide) by the closing date/time below

# The following naming convention must be used when saving your application file (no spaces): “Firstname\_Surname-JaneBellApplication.pdf”, e.g. “John\_Smith-JaneBellApplication.pdf”

# Sign Section D (electronic or handwritten) then email your application to [RMHGNA@outlook.com](mailto:RMHGNA@outlook.com) by:

# 6pm on 27 June 2025

**Section A – Application Details**

|  |  |  |
| --- | --- | --- |
| Q1. Name | Click or tap here to enter text. |  |

# Q2. Application category

## Research Project

## Postgraduate Study – commencing Click or tap to enter a date.

## Study Tour

## **Q3. Title** of Research project / Post Graduate course / Study Tour

|  |
| --- |
| Click or tap here to enter text. |

## **Q4. Aims:** Briefly describe the main aim/s of your proposed activity

|  |
| --- |
| Click or tap here to enter text. |

**Section B – Applicant Details**

## **Q5. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| RMH Employee ID Number (if applicable) | | Click or tap here to enter text. | |
| Title | Click or tap here to enter text. | Citizenship | Choose an item. |
| Given name | Click or tap here to enter text. | Surname | Click or tap here to enter text. |

# Q6. Contact Details – Home Address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address | Click or tap here to enter text. | | | | |
| Suburb | Click or tap here to enter text. | State | Choose an item. | Postcode | Click or tap here to enter text. |

## Postal address the same as home address? Yes No. If no, please complete details below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address | Click or tap here to enter text. | | | | |
| Suburb | Click or tap here to enter text. | State | Choose an item. | Postcode | Click or tap here to enter text. |

# Q7. Current Appointment/Position

Please supply details of your current and previous appointment(s) and/or positions (demonstrating at least 3 years of post-registration experience in nursing)

|  |  |  |
| --- | --- | --- |
| Appointment/Position | | Institution/department | | Years in position |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Q8. Details of your training at, or association with, The Royal Melbourne Hospital

|  |
| --- |
| Please briefly describe your training or employment at the RMH |

# Q9. Qualifications

|  |  |  |
| --- | --- | --- |
| Enter up to three (3) of your most recent and highest qualifications | | |
| Qualification | Institution | Year of graduation |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Q10. Details of any other professional, academic, or related activities and achievements, including awards

# Maximum ½ page

|  |
| --- |
| Click or tap here to enter text. |

# Q11. Current/past research grants or scholarships

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant/scholarship Type | Title of Project | Funding Body | Year | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section C – Project Details**

## If you are applying for funding for a post-graduate degree, go directly to Section D ‘Applicant certification’

# Q11. Role of Applicant in this Project

In the space provided, please describe your role in the Research Project / Study Tour.

|  |
| --- |
| Click or tap here to enter text. |

# Q11. Details of the proposed project or study tour

## Please complete the following sections OR attach the relevant sections of a pre-existing research proposal (as an appendix)

|  |  |
| --- | --- |
| Rationale for the research/tour | Click or tap here to enter text. |
| Objectives | Click or tap here to enter text. |
| Potential benefits to nursing and/or patient outcomes | Click or tap here to enter text. |
| Proposed budget | Click or tap here to enter text. |
| Research or study tour plan | Click or tap here to enter text. |
| Other relevant information | Click or tap here to enter text. |

# Q12. Timeline

Please provide a broad timeline of project/study tour milestones.

|  |
| --- |
| Click or tap here to enter text. |

# Q13. Commencement Date

|  |  |
| --- | --- |
| What is the commencement date of your research project/tour? | Click or tap to enter a date. |

# Q14. Ethics

|  |
| --- |
| Please note: scholarship funds for projects can only be transferred once all Ethics Clearances have been obtained & provided to the Grants Officer. |

## Ethics approval not required for this project/study tour

## I have applied for, but not yet received, ethics approval certificates

## I have confirmed ethics approval from the relevant ethics committee/s, please see appendix

# Section D – Applicant Certification

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I certify that all details given in this application are true and correct.   |  |  |  |  | | --- | --- | --- | --- | | **Name:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. | |  |  |  |  | | **Signature:** | | | | |

**Applications must be submitted by 6pm on 27 June 2025**

# Email to [RMHGNA@outlook.com](mailto:RMHGNA@outlook.com)

# Office use only

|  |  |
| --- | --- |
| Cover letter submitted |  |
| Curriculum Vitae submitted |  |
| All relevant sections of application form completed |  |
| Applicant Certification |  |
| Ethics Approval Letters or course enrolment proof (where applicable) |  |