



AUSTRALIAN COLLEGE of PERIOPERATIVE NURSES WESTERN AUSTRALIA

P.O.BOX 990, VICTORIA PARK, WESTERN AUSTRALIA, 6979
ABN 96 661 183 352

PARTRICIA MANNION SCHOLARSHIP **and** **ACORN WA SCHOLARSHIP**

INFORMATION and GUIDELINES FOR APPLICATIONS

1. PURPOSE OF THE SCHOLARSHIPS

The purpose of the scholarship is to enable the successful applicant to gain further education and training in the area of interest to self and for the benefit of perioperative nursing practice.

2. ELIGIBILITY FOR THE SCHOLARSHIPS

Scholarships will be considered and awarded to Registered and Enrolled Nurses who are enrolled in continuing education or relevant post graduate or honours programs and also to Registered and Enrolled nurses who work in country areas where there is seen to be a deficit in teaching and learning experience and also limitations to perioperative practice updates. Applicants must initiate their own placement prior to application of scholarship. Australian College of Perioperative Nurses Western Australia (ACORN WA) takes no responsibility in finding placements for applicants.

3. RELEVANCE OF THE SCHOLARSHIPS

ACORN WA may approve an area of study for continuing education or higher education including a research project by the applicant, which will benefit the beginning perioperative practitioner and perioperative nursing. A scholarship may also be approved that will assist a perioperative nurse to spend time in a regional hospital operating suite to gain further experience and consolidate practice relevant to their normal place of employment.

4. AVAILABILITY OF SCHOLARSHIPS

Scholarships shall be considered as applications are received by ACORN WA up to the value of \$3,000.00.

5. SELECTION PROCESS

- a) Applications will be addressed twice a year (February and July)
- b) The scholarship application will be considered by members of the Executive Committee
- c) Applicants will be notified of the outcome within two weeks of the Executive meeting
- d) Each successful Scholarship applicant will be required to:
 - Be a resident of Western Australia
 - Provide proof of registration and home address
 - Be a current financial member of ACORN WA and have been for a minimum of twenty four (24) months.
 - The successful applicant will provide a final report or undertake a presentation at an Education Session
- e) The scholarship will be expected to be taken within six (6) months of receiving the award

THE DECISION OF THE EXECUTIVE COMMITTEE SHALL BE FINAL AND BINDING ON ALL MATTERS

6. REPORTS

The successful applicant shall:

- a) Submit at such times as requested by ACORN WA interim reports on the progress of the study or program.
- b) Present to the members a written or oral report covering the area of expertise at the conclusion of the tenure of the scholarship
- c) Be available as a group resource person on the area of interest should the need arise.

7. PUBLICATION and COPYRIGHT

ACORN WA retains the right to publish the report or paper covering the area of study or research project. The copyright shall remain the property of ACORN WA. The applicant will be acknowledged as the author of the work.

8. APPLICATIONS

The applicant must provide in hard copy or email form:

- a) An ACORN WA Scholarship Application Cover Sheet available from the ACORN WA Secretariat or Executive Member.
- b) A written current Curriculum Vitae
- c) A written proposal with the following details:
 - i) The purpose and scope of the study/project must include objectives, key issues to be addressed, expected outcomes, timeframe from completion of project and expected costs.
 - Or
 - ii) A full research proposal including timeframe for completion of study and a budget plan. The budget plan needs to include all consumables, transcribing and data analysis costs, and other related activities.

NOTE: The research proposal must not be more than five (5) pages long.

- d) Details of any other financial assistance (for the training) the applicant has obtained and/or applied for and any subsequent commitments to that financial body.
- e) A letter stating commencement of practice at a regional establishment (if applicable)
- f) All applications must be emailed to enquiries@acornwa.org.au

9. TIME FRAME

The scholarship is limited to successful applicants once. This is in line with the Australian College of Operating Room Ltd Nurses Grants.

ACKNOWLEDGMENTS

Victorian Perioperative Nurses Group
Australian College of Operating Room Nurses Ltd Grants



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APPLICATION FOR SCHOLARSHIP

To be completed after reading Information & Guidelines for Scholarship

SURNAME: _____ MS/MRS/MISS/MR

GIVEN NAMES: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MEMBERSHIP TYPE: _____ FULL / ASSOCIATE / HONORARY (Please Circle)

I have been a financial member for _____ years. Is your membership current? YES / NO

CURRENT EMPLOYER: _____

EMPLOYMENT HISTORY (PAST TWO YEARS): _____

PURPOSE FOR SCHOLARSHIP: _____

PREVIOUS SCHOLARSHIPS AWARDED BY ORNA WA : _____

FUNDING APPLICATIONS FROM OTHER SOURCES: _____

IF YES - DETAILS: _____

Have you served on any ACORN WA Sub Committees? YES / NO

Have you served on the ACORN WA Executive Committee? YES / NO

Have you been involved with planning and/or running of the Annual Conference? YES / NO

Have you been involved with planning and/or running any Education activities or Open Forums? YES / NO

I AGREE TO ACCEPT THE TERMS AND CONDITIONS OF THIS SCHOLARSHIP.

SIGNATURE OF APPLICANT: _____

DATE: _____

1. Please attach **full** details of scholarship to be undertaken and commencement date.
2. Please attach details of other scholarships applied for to cover the same scholarship.
3. It is a condition of this scholarship that you inform ACORN WA at any time if you receive funding which exceeds the total cost of the scholarship.
4. ACORN WA reserves the right to request the return of monies over and above full funding.
5. Please read and comply with the Guidelines for Patricia Mannion and ACORN WA Scholarship

Office Use Only

Date received by Secretary: _____

Check membership status is current: YES / NO FULL/ASSOCIATE/HONORARY

Member since: _____

Date application presented at the Executive Meeting: _____

Scholarship Awarded: YES / NO

If NO, state reason: _____

Amount: _____

Member notified by mail on: _____

Type of Report to be presented: _____

Report presented or received from Member on: _____

Signature of Secretary: _____

Date: _____

Date Revised: March 2020