



**Australian Government**

**Department of Health and Ageing**

# Puggy Hunter Memorial Scholarship Scheme

## Application Form

Forward Completed Application Form to:  
Puggy Hunter Memorial Scholarship Scheme  
Royal College of Nursing, *Australia*  
PO Box 219  
Deakin West ACT 2600

Closing Date for Applications:  
Friday 8 August 2008



If you anticipate or experience any difficulty in lodging your Application Form by the closing date of **Friday 8 August 2008**, please contact Royal College of Nursing, *Australia* (RCNA). The sooner you do this, the more options that may be available.

Free call 1800 688 628  
Email [scholarships@rcna.org.au](mailto:scholarships@rcna.org.au)  
Fax 02 6282 3565

**Do NOT** fax or email your application without first contacting RCNA. You **MUST** also send your application in hard copy.

## **BACKGROUND**

The Puggy Hunter Memorial Scholarship Scheme provides financial support to undergraduate Aboriginal & Torres Strait Islander students in health related disciplines. The Scheme aims to increase the number of Aboriginal & Torres Strait Islander people in the health workforce.

Scholarship places are awarded to undergraduate students in the following health disciplines:

- Aboriginal Health Worker;
- Enrolled Nurse;
- Registered Nurse;
- Allied Health (all specialities except pharmacy);
- Dental/Oral Health;
- Mental Health;
- Medicine (including postgraduate entry-level courses);
- Direct Entry Midwifery;
- Health Service Management; and
- Health Promotion/Education.

Scholarships are not bonded and are not awarded on academic success. It is hoped that recipients will make a significant contribution to Aboriginal and Torres Strait Islander health.

The Scholarship Scheme is funded by the Australian Government, as represented by the Department of Health and Ageing, and administered by Royal College of Nursing, *Australia*.

## **ELIGIBILITY**

To be eligible for a scholarship, applicants must be of Aboriginal or Torres Strait Islander descent, identify as an Aboriginal and/or Torres Strait Islander person and provide evidence that you are accepted as being of Aboriginal or Torres Strait Islander descent in the community where you live or have lived.

Applicants must also intend to study, or already be studying, at an approved Australian Educational Institution in the year that the scholarship is offered.

Students undertaking a cadetship that incorporates a payment to the student for study and/or work are not eligible to receive a PHMSS scholarship place.

## **SELECTION CRITERIA**

Scholarships will be awarded on the recommendation of a selection committee and will be based on the following criteria:

- Community involvement and leadership;
- Commitment to Aboriginal & Torres Strait Islander health; and
- Commitment to improving Aboriginal & Torres Strait Islander health in the future.

## **VALUE OF SCHOLARSHIP**

Full-time scholarship awardees will receive up to \$15,000 per annum. Part-time scholarship awardees will receive up to \$7,500 per annum. The scholarship will be paid fortnightly.

Please note that it is your responsibility to seek advice from Centrelink on how the scholarship payment will affect your AbStudy or any other Government payment.

## APPLICATION PROCESS

Scholarships will be awarded on the basis of your responses to the questions in this Application Form.

Applications must be submitted to RCNA and postmarked on or before the advertised closing date.

Successful applicants must formally agree to the terms and conditions of the Puggy Hunter Memorial Scholarship Scheme.

Unsuccessful applicants are entitled to reapply the following year.

RCNA and the Australian Government Department of Health and Ageing reserve the right to suspend, amend or vary the Guidelines, the scholarship application process or any part of it.

## LATE APPLICATIONS

Late or illegible applications will not be accepted except in special circumstances. If you anticipate difficulties in submitting the Application Form by the closing date of **Friday 8 August 2008**, please contact RCNA.

## IMPORTANT INFORMATION

Only the information you provide on this Application Form will be considered.

Applicants must answer all questions in the space provided on the Application Form. Not responding to all questions may adversely affect consideration of your application.

This Application Form is only for the scholarship scheme and is not for entry to an educational institution. You must separately apply to the educational institution.

Further information is provided at the end of this form.

## CHECKLIST

The following documents must be attached to your Application Form:

- A completed and certified copy of the Confirmation of Aboriginality form.
- If your name has changed a certified copy of relevant documents (eg marriage certificate).
- A Statutory Declaration with details of your estimated income for 2008.

You **must** provide all of these documents. Not providing all documents may adversely affect consideration of your application.

## Puggy Hunter Memorial Scholarship Scheme

### SECTION A: APPLICANT DETAILS

Title	Family Name	Given Name	Second Given Name
Please attach a certified copy of relevant documents if your name/s have changed. Eg marriage certificate			
Home street address		Town / Suburb	State & Post Code
Postal address		Town / Suburb	State & Post Code
Phone - Day  - Evening  - Mobile		Fax	Email
Age (in years)		Sex (please circle) Male                      Female	

***Please note***

Make sure the contact details you provide are current. It is important that the postal address and telephone numbers are correct. If there is a need to speak to you, this will be during standard business hours (9am to 5pm, Monday to Friday, Australian Eastern Daylight Saving Time). If it is difficult to contact you during those times, please provide details of how you may be contacted.

***Please note***

It is the responsibility of all applicants to ensure that their contact details are correct, and that it is possible for RCNA to contact them if required. If RCNA is continually unable to contact you through the contact details supplied, it is possible that you may forgo a scholarship.

## SECTION B: CONFIRMATION OF ABORIGINALITY

Applicants must provide satisfactory evidence of their Aboriginal or Torres Strait Islander descent as eligibility is limited to:

- Persons of Aboriginal or Torres Strait Islander; and
- Who identify as an Aboriginal and/or Torres Strait Islander person; and
- Are accepted as being of Aboriginal or Torres Strait Islander descent in the community where they currently or have previously lived.

To prove your status as an Aboriginal or Torres Strait Islander person, you must obtain confirmation in written form (“Confirmation of Aboriginality”) from an Indigenous Australian organisation within the community in which you live or have previously lived.

Community organisations able to provide acceptable confirmation will usually be:

- (a) an Aboriginal or Torres Strait Islander association incorporated under Part IV of the *Aboriginal Councils and Associations Act 1976*; or
- (b) an incorporated community organisation where the majority of the governing body are Aboriginal or Torres Strait Islander persons.

The Confirmation of Aboriginality must include:

- The signatures of two office holders.

Confirmation from a community organisation related to an academic institution will **not** be accepted.

A “Confirmation of Aboriginal or Torres Strait Islander Descent” form has been developed for use by applicants. If you do not already have a Proof of Aboriginality that fulfils the Puggy Hunter Memorial Scholarship Scheme requirements, please complete this and attach it to your Application Form.

## SECTION C: ENROLMENT INFORMATION

<b>Question C1</b>	<b>Are you already enrolled at an Australian Educational Institution?</b>	
	No	Go to Question C2
	Yes	Continue with the questions below
<b>What area are you studying? (please tick)</b>		
	Aboriginal and Torres Strait Islander Health Worker	<input type="checkbox"/>
	Enrolled Nurse	<input type="checkbox"/>
	Registered Nurse	<input type="checkbox"/>
	Direct Entry Midwifery	<input type="checkbox"/>
	Medicine*	<input type="checkbox"/>
	Dentistry / Oral Health	<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>
	Allied Health	<input type="checkbox"/>
	Health Management	<input type="checkbox"/>
	Health Promotion/Education	<input type="checkbox"/>
<b>Where are you currently enrolled?</b>		
Educational Institution	Campus	Name of Course
Year that you commenced your course	Year that you expect to complete your course	Will you be studying full time or part time in 2009? (please circle)  Full time                      Part time

**\* Please note**

Scholarship places are available for students enrolling in a postgraduate entry-level medicine degrees.



<b>Question C2</b>	<b>If you have not yet enrolled at an Australian Educational Institution, please complete the questions below.</b>	
<b>What areas of study have you applied, or intend to apply, to study? (please tick all relevant boxes)</b>		
Aboriginal and Torres Strait Islander Health Worker		<input type="checkbox"/>
Enrolled Nurse		<input type="checkbox"/>
Registered Nurse		<input type="checkbox"/>
Direct Entry Midwifery		<input type="checkbox"/>
Medicine		<input type="checkbox"/>
Dentistry / Oral Health		<input type="checkbox"/>
Mental Health		<input type="checkbox"/>
Allied Health		<input type="checkbox"/>
Health Management		<input type="checkbox"/>
Health Promotion/Education		<input type="checkbox"/>
<b>Where do you expect to study in 2009? Please tell us all courses that you have, or intend to, apply for entry.</b>		
Educational Institution	Campus	Name of Course
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Year that you commenced your course	Year that you expect to complete your course	Will you be studying full time or part time in 2009? (please circle)
		Full time                      Part time

## SECTION D: EDUCATION

Question D1	What level of education have you completed? (please tick)
Years 7-9	<input type="checkbox"/>
Years 10	<input type="checkbox"/>
Year 11	<input type="checkbox"/>
Year 12	<input type="checkbox"/>
Tertiary	<input type="checkbox"/> Name of Course _____
Other	<input type="checkbox"/> Name of Course _____

Question D2	How did you hear about the Puggy Hunter Memorial Scholarship Scheme? (please tick)
Colleague / Friend / Relative	<input type="checkbox"/> please specify
Newspaper	<input type="checkbox"/> please specify
Poster	<input type="checkbox"/> please specify
Radio	<input type="checkbox"/> please specify
Email	<input type="checkbox"/> please specify
Internet	<input type="checkbox"/> please specify e.g. Google, Facebook
Educational Institution	<input type="checkbox"/> please specify
Professional Organisation	<input type="checkbox"/> please specify
Employer	<input type="checkbox"/> please specify
School	<input type="checkbox"/> please specify
Television	<input type="checkbox"/> please specify

## SECTION E: FINANCIAL INFORMATION

<b>Question E1</b>	<b>What is your estimated income for 2008? (before tax)</b>	
	Australian Income (excluding the Puggy Hunter Memorial Scholarship)	Overseas Income
	\$	\$

<b>Question E2</b>	<b>Where does your estimated income come from? (please indicate the estimated amount for each)</b>	
	Centrelink Benefits	\$
	Scholarships (excluding the Puggy Hunter Scholarship)	\$
	Employment	\$
	Other	\$

<b>Question E3</b>	<b>Will you receive any other scholarships or bursaries in 2009? Or do you intend to apply for any other scholarships in 2009? (please tick)</b>			
	Yes – continue below <input type="checkbox"/>		No – go to Question E4 <input type="checkbox"/>	
Currently receiving	Have applied for	Name / Source	Amount per year	Number of Years
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

<b>Question E4</b>	<b>If you are awarded a scholarship, do you wish to have part of the scholarship paid directly to your educational institution? (please tick)</b>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you are successful, the appropriate form will be included in your acceptance package.	

<b>Question E5</b>	<b>If you are awarded a scholarship, do you wish to have part of the scholarship paid directly to your employer?</b>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you are successful, the appropriate form will be included in your acceptance package.	

### ***Please note***

#### **Income**

Your income is not a determining factor in whether to award a scholarship place. However this information may assist the selection panel in determining the merit order of applicants.

#### **Scholarships and Bursaries**

Please provide the name and value of any other scholarships or bursaries that you may receive in 2009. This will not affect your application for a Puggy Hunter Memorial Scholarship but may affect the value of the scholarship awarded.

You are permitted to hold other scholarships; however the Puggy Hunter Memorial Scholarship will only “top-up” other scholarships to a maximum cumulative total of \$15,000 per annum for full-time study, and up to \$7,500 per annum for part-time study.

For example, if you currently receive another scholarship valued at \$9,000 per annum, the Puggy Hunter Memorial Scheme will award a maximum of \$6,000 per annum.

#### **Centrelink Benefits**

Funds paid directly to an educational institution for compulsory course fees (eg HECS/HELP) are not included in personal income for AbStudy purposes. Successful applicants may choose to have part of their scholarship (\$2,000 per annum) paid directly to their educational institution.

Applicants are strongly encouraged to seek advice from Centrelink about the implications of scholarship payments on Centrelink benefits.

#### **Employer Contributions**

There are occasions when it is difficult for students who are working to obtain time away from work in order to study. Employers may be reluctant to award study leave due to staff resourcing requirements. Therefore, scholarship holders may elect to have part of their scholarship payment paid directly to the employer to ease any financial strain due to the scholarship holder’s absence from the work place.

The maximum sum that may be paid to the employer is \$5,000 per annum for full time students and \$3,000 per annum for part time students.

This is offered as an incentive and option only if the scholarship holder’s situation warrants. In most cases applicants will be able to partake in study without impact upon the employer and should therefore retain the full amount of the scholarship payment.

## SECTION F: COMMUNITY INVOLVEMENT AND LEADERSHIP

<b>Question F1</b>	<b>Please describe how you will actively contribute to Aboriginal and Torres Strait Islander health after completing your studies.</b>
<p>Responses must be limited to 200 words and may be in point form.</p> <p>Responses should be typed or written clearly in blue or black ink.</p>	

***Please note***

You may wish to describe how your local community or other Aboriginal or Torres Strait Islander community may benefit when you complete your studies.

<b>Question F2</b>	<b>Please describe you have demonstrated leadership through community involvement or other life experiences.</b>
<p>Responses must be limited to 200 words and may be in point form.</p> <p>Responses should be typed or written clearly in blue or black ink.</p>	

***Please note***

Some examples of leadership skills include: setting a good example to others; influencing and supporting others; public speaking and advocacy; creative approaches to problem solving; responding to community needs; and empowering others.

<b>Question F3</b>	<b>Please outline your involvement in community activities, school activities, government programs or community organisations, including a description of the role that you played.</b>
<p>Responses must be limited to 200 words and may be in point form.</p> <p>Responses should be typed or written clearly in blue or black ink.</p>	

***Please note***

Applicants should demonstrate outstanding commitment to their community, leadership and Aboriginal and Torres Strait Islander health. Your statement should outline your involvement in community activities, including promoting the health and well-being of Aboriginal and Torres Strait Islander people.

Examples include: paid or voluntary work in health services, participation in youth & cultural groups, student representative groups, traineeships, Scouts or Cadets, Red Cross, or experience as a carer (for family members or others in the community).

<b>Question F4</b>	<b>Please outline your involvement with organisations that provide health services to Aboriginal and / or Torres Strait Islander people.</b>
<p>Responses must be limited to 200 words and may be in point form.</p> <p>Responses should be typed or written clearly in blue or black ink.</p>	



<b>Question F5</b>	<b>What ambitions do you have to provide health care to Aboriginal and Torres Strait Islander people over the next 5-10 years?</b>
Responses must be limited to 200 words and may be in point form.  Responses should be typed or written clearly in blue or black ink.	

## SECTION G: REFEREES

We require details of two referees.

**Please Note:** immediate relatives (ie brother, sister, parents, or grandparents) **may not be referees**. Please contact the Administrator if this is difficult for you.

First Referee	Name Position Contact telephone number How do you know this person? (eg teacher, colleague, family friend)  For how long have you known this person?
Second Referee	Name Position Contact telephone number How do you know this person?  For how long have you known this person?

***Please note***

Please provide the contact details of two referees who are not immediate family members. It is preferable that you have known your referees for at least two years. One should be an academic referee (eg from school), and the other referee should be able to comment on your contribution to the community.

Please ensure that your referees are aware that RCNA may wish to discuss your application.

## SECTION H: DECLARATION

This declaration is legally binding and indicates that you have, to the best of your knowledge, provided true and correct information.

This declaration must be completed.

### Declaration

I declare that:

- The information that I have supplied in this Application Form is true and correct in every particular. I understand that there are penalties that apply to providing false information.
- I will advise RCNA in writing of any changes in my circumstances, within 14 days of those changes occurring.

I understand that:

- The information on this form is collected for the purpose of assessing eligibility and selection for the Puggy Hunter Memorial Scholarship Scheme.

I agree to:

- Sign an acceptance agreement with Royal College of Nursing, *Australia* if successful in my application for the Puggy Hunter Memorial Scholarship Scheme.
- The information contained in this application form being released to the Department of Health and Ageing and members of a selection panel for the purpose of assessment and eligibility for the Puggy Hunter Memorial Scholarship Scheme.

----- / /2008  
Signature of Applicant Date

----- / /2008  
Signature of person completing the Date  
Application Form on the Applicant's behalf

### **Please note**

This Declaration is legally binding. It is evidence that the information you have provided is, to the best of your knowledge, true and correct. There are penalties for knowingly giving false or misleading information.

The information in this Application Form may be used for evaluation purposes. If this occurs, the information will be de-identified so that individual applicants cannot be identified.

## SECTION I: PROMOTIONAL ACTIVITY AGREEMENT

### Agreement to Participate in Promotional Activity

A agree to the Department of Health and Ageing and/or the Minister for Health and Ageing:

- using my personal information, including my name, suburb/region, State/Territory and the tertiary institution that I am attending/attended, as the Department or Minister sees fit, for the purposes of promoting and publicising the Puggy Hunter Memorial Scholarship Scheme to Members of Parliament and the media; and
- my participating, the extent that I am able, in relevant events aimed at promoting and publishing the Puggy Hunter Memorial Scholarship Scheme.

----- / /2008  
Signature of Applicant Date

----- / /2008  
Signature of person completing the Date  
Application Form on the Applicant's behalf

#### ***Please note***

The Minister for Health and Ageing and the Department of Health and Ageing may wish to release information about you for the purpose of promoting the Scholarship Scheme. This would include only your name, suburb/region and State/Territory, along with information about your course of study and Educational Institution. Personal information such as phone number, email details or address would not be released.

Scholarship holders may be asked to participate in promotional activities. In signing this Declaration, you agree to the release of this information and to participate in promotional activities.

## SECTION J: CHECKLIST

Please ensure that the following items are included in your application.

Please Tick	
	Your contact details
	A <b>certified</b> copy of your Confirmation of Aboriginality documents
	<b>Certified</b> evidence of any change of name (eg marriage certificate)
	Indication of whether you intend to study part-time or full-time
	Details of the Educational Institution at which you intend to study
	Details of any other scholarships you are receiving
	Names and contact details for two referees
	Signed the Declarations at Section H and Section I
	Kept a copy of the completed Application Form for your records

### ***Please note***

This checklist is to help you complete your application. Make sure that you have provided all the requested information with your Application Form.

## SECTION K: GENERAL INFORMATION ABOUT THE SCHOLARSHIP SCHEME

### Scholarship Agreement

Scholarship recipients will be provided with a copy of the terms and conditions of the Scholarship Scheme at the commencement of their scholarship, and will be required to sign a Scholarship acceptance form.

Applicants under the age of 18 years must provide a parent / guardian signature.

Scholarship payments will not commence until the signed Scholarship acceptance form, confirmation of enrolment in the nominated course, and any other requested documentation, is received by RCNA.

### Ongoing Award of Scholarship Places

Ongoing award of scholarship places depend upon the scholarship holder continuing to meet the eligibility criteria.

The scholarship holder must provide RCNA with their study results and confirmation of ongoing enrolment prior to Scholarship payments being made for the next semester. Where the scholarship holder has deferred study or is required to repeat one or more subjects, ongoing payment of the scholarship will be subject to review by the Department.

Where the scholarship holder defers study or is required to repeat a subject, any scholarship payment will be no more than the usual maximum per annum amount over the usual term of the course of study.

Scholarship holders who fail to meet the academic requirements of their course may still be eligible to receive scholarship payments if their educational institution permits to repeat that aspect of their studies.

Payments for the next academic semester will not be made until a Scholarship holder's ongoing eligibility is confirmed.

Scholarship holders must notify RCNA in writing of any substantial change to their financial circumstances or other eligibility criteria. This information must be received by RCNA within fourteen (14) days of the changes taking place. If the scholarship holder fails to inform RCNA of such changes, they will have ceased to meet the eligibility criteria and will be required to repay any funds received after the changes took place.

### Deferral of Scholarship

A Scholarship offer may **NOT** be deferred

A scholarship holder may request a deferral of their scholarship place. This may be granted subject to:

;

- The Scholarship holder having already commenced studies and have received Scholarship payments in the first semester after being awarded a Scholarship;
- A maximum of 12 months (or two academic semesters) deferral being permitted during the course of study; and
- Deferrals may only be for periods of one or two semesters (ie not for part semesters, weeks or months).

Any deferral may impact on eligibility for ongoing funding. (See 'Ongoing Award of Scholarship Places' above for further information.)

Scholarship holders unable to fulfil the terms of the scholarship will forfeit the remainder of their scholarship without penalty. That is, the scholarship holder will be able to retain funds already paid.

### **Repayment of Funds**

If the scholarship holder stops fulfilling the terms of the Scholarship and does not inform RCNA, they will be required to repay funds received from the time they ceased to be eligible.

It is in the scholarship holder's best interest to notify RCNA if they no longer fulfil the terms of the Scholarship. If a scholarship is withdrawn, no further payments will be made.