

HITH Society (Australasia) Scholarship Guide & Application

HITH Nursing in the Community \$2,000 Education and Research Scholarship Closing date 19/10/18





HITH Nursing & Allied Health Scholarship

Regal Home Health, established in 1966, promotes Independence & Quality of Life at Home through the provision of experienced Regal Nurses delivering holistic care to people in their homes throughout the greater Sydney Metropolitan area.

Regal Home Health values the contribution that HITH professionals make and wishes to support this in the form of **a \$2,000 scholarship(or 2x \$,1000)** for recipients working in HITH services, towards education and/or research in this area.

The purpose of this scholarship is to promote improved practice through the application and sharing of knowledge about Hospital in the Home services.

KEY SELECTION CRITERIA:

- 1. Applicant/s must be currently working in Hospital in the Home as a Nurse or Allied Healthcare professional.
- 2. Applicant/s are currently members of the HITH Society (Australasia) NB: HITH Executives may not apply for this scholarship.
- 3. The applicant commits to provide a formal report to Regal Home Health and the HITH Society, which identifies improvements or changes in practice following the education and/or research.
- 4. Selection is decided by the HITH Society Executive Council in consultation with CEO, Regal Home Health.

NB: A period of 5 years must elapse before successful applicants may reapply for another scholarship.

INSTRUCTIONS FOR APPLICANTS:

- 1. Applications must be received at the HITH Society (Australasia) <u>admin@hithsociety.org.au</u> and <u>regal@regalhealth.com.au</u> by closing date prior to the annual conference. The closing date for applications is 19/10/18.
- 2. The successful applicant will be notified before the 2018 HITH Conference, and their banking details requested so an electronic funds transfer can be made. A Scholarship Certificate will also be awarded at the conference dinner.
- 3. Within 4 weeks of completing the education/research or attending the conference the winner/s must provide evidence of completion (i.e. photocopy of transcript or certificate of attendance, project outcomes for research) to the HITH Society & Regal Home Health.
- 4. Within 8 weeks, provide:
 - a formal report of 500 words minimum (for research/education) to the HITH Society Executive & Regal Home Health including the details of the course/project undertaken and how the knowledge and skills gained would be used to improve the Discharge Planning experience for Nurses and patients.
 - a summary report using the template attached (for conference delegates)
- 5. Should the successful applicants be unable to utilise the scholarship for the purpose granted, the applicants must notify the HITH Society immediately and return the scholarship money in full within 30 days of notification.
- 5. If the applicant does not comply with any of these instructions, they will be ineligible for future Regal scholarships.

SCHOLARSHIP APPLICATION FORM

1. APPLICANT DETAILS

Name			
Place of Work			
Work Address			
Postcode			
Mailing Address			
Work Phone			
Work Fax			
Email address			
Job Title			
☐ Nursing How long have you	held this position?		
Are you working in Hospital in the	Home in the community?	☐ Yes	□ No
2. EMPLOYER'S ENDORSEMEN	IT		
I support this application for a sch	olarship to undertake educa	tion or research	n detailed below.
Name	Email		
Position			
Organisation	ABN		
Signature	Date		
3. DETAILS OF EDUCATION PR	OGRAM		
Title of Course			
Name & Location of Training Orga	nisation.		
Date of Education From / / T	o / /		

4. OBJECTIVES

Educational Program/Course: What are the objectives and learni applicable and separate page if re		ne course? (Attach course	brochure if
OR Research Project: Provide deta over what period of time, the study page if required.)			
5. THE OUTCOMES			
What skills and knowledge do you the training will enhance your work		m this training program? I	low do you anticipate
6. FUNDING SOUGHT			
Course Registration	Travel	Accommodation	Total
\$	\$	\$	\$
NB: For research projects, detail sp if required.	ecific costs involv	ed in the project below. <i>I</i>	Attach separate page
7. YOUR AGREEMENT			
I am eligible for a scholarship as se in the Scholarship Guide.	et out in the select	ion criteria and agree to t	he conditions set out
Your Signature			
Date /			