

## Orticare Pharmacotherapy Network: AOD NP Scholarship Application Form

### PAGE 1: TO BE COMPLETED BY SCHOLARSHIP APPLICANT

Name of applicant:

Current position and organisation:

Status regarding nurse practitioner candidacy:

University or further training provider:

Current studies being undertaken or planned (please attach evidence from your training institution if currently enrolled):

Expected date for endorsement:

Have you applied/received other scholarship funding for this study? Please provide details.

Expenses to be covered through this grant:

EXPENSE ITEM	AMOUNT	SEMESTER DATES/DATE OF PURCHASE

*NB: if successful, a grant will be paid to your employing organisation, and you will need to submit invoices to them for direct payment of these costs. A full acquittal of scholarship funding is required.*

Please include a statement on how your continued studies/endorsement as a nurse practitioner will improve access to opioid pharmacotherapy within the Grampians Loddon Mallee region:

**STATEMENT:**

I confirm that the above information is true and correct at the time of application.

Applicant signature:

Date:

**PAGE 2: TO BE COMPLETED BY APPLICANT'S LINE MANAGER**

Name of Manager:

Position and organisation:

Please confirm the applicant's role within your organisation:

Please describe your organisation's model of service in supporting opioid pharmacotherapy provision:

**STATEMENT:**

I confirm that the above information is true and correct. .... (organisation) is committed to supporting ..... (applicant) in their continuing professional development and increased capacity as a pharmacotherapy provider once they are qualified to do so.

I also confirm that .... (organisation) will be responsible for disbursing the scholarship funds to the applicant and will provide the Orticare Manager with an acquittal of these funds at the end of the financial year.

Line Manager's Signature:

Date:

**Please email this completed application to [orticare@bchc.org.au](mailto:orticare@bchc.org.au)**