

## Victorian Perioperative Nurses Group (ANF) Vic Branch

Tel: (03) 9790 6952 Fax: (03) 9790 6952

ABN: 74 343 281 165

Email- [enquiries@vpng.org.au](mailto:enquiries@vpng.org.au) Website- [www.vpng.org.au](http://www.vpng.org.au)

### Education Grants

For ongoing professional development by conference attendance or project work (up to \$1000).

#### Eligibility Requirements

Applicants must be:

- Currently registered with the Nurses Board of Victoria;
- Working in perioperative nursing practice;
- Current financial member of VPNG;
- Have been a member of VPNG for at least two (2) years immediately preceding the grant application; and
- Have not been awarded an educational grant in the preceding two (2) years.

*Applications from individuals who do not meet the eligibility requirements will not be considered.*

#### Conditions of Grant

Payment of the grant will be made in one instalment.

Depending on the purpose of the Grant, the successful applicant shall at the conclusion of the tenure of the grant:-

- Submit a written report (min 250 words) that will be publishable in either Snippets or the ACORN Journal; **or**
- Submit an article in the area of the project for publication in the ACORN Journal; **or**
- Present a paper at a VPNG educational event.

*VPNG must be acknowledged as the grantor on any printed material or conference presentation.*

#### Selection Criteria

- Provide a covering letter that states the purpose of the grant and relevance to perioperative nursing practice
- Provide a current curriculum vitae that provides
  - Evidence of NBV registration
  - Membership of VPNG
- Provide details of conference to be attended, including organising body, dates and expected costs plus receipt of conference registration and / or invitation to speak; **or**

- Provide outline of the project, including objectives, time frame for completion of project and expected costs; and
- Details of any other financial assistance (for the above project) you have obtained and/or applied for and any subsequent commitments to that financing body;

*Applications from individuals who do not meet the selection criteria will not be considered.*

### **Application Process**

The application will contain

- Cover sheet
- Covering letter with statement stating the purpose of the grant and relevance to perioperative nursing practice,
- Curriculum vitae
- Proof of VPNG membership
- Details of
  - Conference, *or*
  - Project and any other funding applications
- Written support of two (2) referees

Submit applications to:

The Secretary  
VPNG Education Grant Applications  
PO Box 593  
EAST MELBOURNE 8002

### **Closing Date for Applications**

Applications must reach VPNG by either closing date on the 30th April or 31st October each year

**If you have any questions, please contact the Secretary VPNG via [enquiries@vpng.org.au](mailto:enquiries@vpng.org.au)**



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### Education Grant Cover sheet

Name		
Address		
Phone (H)	Phone (W)	Mobile
Email:		
<b>VPNG membership</b>		
Membership number	Years membership	
Have you previously received a VPNG Education Grant? Yes <input type="checkbox"/> No <input type="checkbox"/> Year		
Purpose:		
Amount of financial assistance required <i>(Attach details of registration fees, travel costs or project budget)</i>		
Have you made any other funding applications? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
Name of funding body and amount of assistance		
Commitment to other funding body.		

**SIGNATURE OF APPLICANT**

**DATE**

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## SECOND REFEREE

<b>Name</b>		
<b>Position</b>		
<b>Address</b>		
<b>Phone (H)</b>	<b>Phone (W)</b>	<b>Mobile</b>
<b>Email:</b>		
<b>Please comment on the applicant' ability to complete the task and/or the suitability of the project to her/his area of practice</b>		

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**Education Grant Ranking Sheet**

**RANKING - columns 2 – 5 tick, columns 6 – 8 rank: 1 – 5 (1 being lowest, 5 being highest)**

**Applicant** \_\_\_\_\_

No	Criteria	Yes	No
1	CV & covering letter provided		
2	Evidence of VPNG membership		
3	Details of conference		
4	Details of project		
5	Details any other funding		
6	Received VPNG scholarship / grant in previous 2 years		
7	Two referee reports		
		<b>Score</b>	
8	Statement of relevance of purpose of grant to applicants professional practice / perioperative nursing		
	<b>Total Score</b>		

**Comments**

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**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_