## THE KATE EDGER EDUCATIONAL CHARITABLE TRUST

Midwifery/Nursing Clinical Placement Awards in Memory of Ngaire Miller

**PURPOSE**

Ngaire Miller had a rewarding career as a nurse practitioner, midwife and educator. To celebrate her life and career, her family have generously funded an award to assist students to carry out a placement of approximately 3 - 5 weeks, as part of study for an undergraduate or postgraduate preregistration degree in Nursing or Midwifery. The award is intended to encourage students currently based in Auckland and Wellington to take up rural/provincial placements by contributing towards accommodation and transport costs.

**Closing date: 28 August 2023**

**REGULATIONS**

1. Up to 2 Awards of $2000 are available for offer annually.

2. Applicants for the Midwifery/Nursing Clinical Placement Award must be:

1. New Zealand Citizens or Permanent Residents;
2. intending to enrol full-time in 2024 for their second year or above of a nursing or midwifery undergraduate or postgraduate registration degree.
3. intending to carry out part of their 2024 clinical placement requirements in a location outsideof New Zealand’s main urban centres, **which requires them to travel or live away from their normal place of residence**.

3. In making this award, the selection committee shall give consideration to:

1. the applicant’s academic records;
2. the applicant’s referee’s report;
3. the applicant’s need for financial assistance;
4. the applicant’s aspirations for the future;
5. the length of time and location of the placement;
6. any special circumstances, e.g. family responsibilities, personal disability, considered relevant.

4. Each applicant for this award must submit their application **on the current prescribed application form**, together with:

1. a certified copy or statutory declaration of their academic record (this can be in the form of a certified digital document from the tertiary institution);
2. a certified copy of evidence of status as a New Zealand Citizen or **Permanent** Resident;
3. confirmation that a confidential reference has been sought from one referee;
4. a copy of the placement requirements approved and signed by a staff member representing the institute where the applicant is studying.

**“Certified copy” means a copy of the original, certified as true by an appropriate authority (for example, Academic Registrar, Head of Department, Study Supervisor, or Justice of the Peace).**

**A “Statutory declaration” must be made before a Justice of the Peace or Solicitor on the appropriate form.**

5. The Midwifery/Nursing Clinical Placement Award shall be paid in one instalment on presentation of proof of enrolment as a full-time student, for example a copy of the receipted fees invoice or certification from the relevant department, and confirmation of the length of time and location of the clinical placement.

6. The successful applicant is required to complete their year of study and make a brief report at the end of this study. Failure to complete the placement will require refund of the full value of the award.

**APPLICATIONS AND ENQUIRIES**

Application forms for these awards are available from:

<https://www.academicdresshire.co.nz/Academic+Awards/Discipline+Specific+and+Other+Awards.html>

Enquiries to:[awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz)

Please send your completed application by:

Email attachment plus scanned copies of 4 a) b), and d) above to [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz);

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz)

**Closing date: 28 August 2023**

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All information provided is confidential

1. PERSONAL DETAILS

Name: Click here to enter text.

Student ID number: Click here to enter text. Mobile: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

Will you be a full-time student in 2024? Choose an item.

Are you a New Zealand citizen? Choose an item.

Are you a **Permanent** Resident of New Zealand? Choose an item.

**Please supply a certified copy of evidence of your citizenship status: a birth certificate, citizenship certificate or relevant passport pages (e.g. if you are a Permanent Resident, you must supply a copy of your Permanent Resident Visa). If you are offered an award, you will be required to prove that you are enrolled as a full-time student for the duration of the award.**

1. ACADEMIC GOALS

What qualification are you enrolled in for 2024? Click here to enter the name of your qualification.

Where are you studying? Click here to enter the name of the tertiary institute where you are studying.

What is your expected date of completion of this degree or diploma? Click here to enter a date.

Please provide details about any other awards you currently hold. Click here to list/outline other awards you have been given.

Please describe the rural/provincial placement you will be completing as part of your study next year.

Click here to outline your placement, including where it will take place, the length of time it will last for and extra costs that it will incur eg accommodation, transport costs.

**Please attach a certified copy of your up-to-date official transcript, or your up-to-date unofficial transcript accompanied by a statutory declaration.**

1. FINANCIAL CIRCUMSTANCES

What sources of income/funding do you have or hope to have to assist you in funding your studies?(e.g. income support, student allowance, student loan, partner, paid employment, other awards or scholarships etc.)

Click here and write up to 300 words.

Please note any special circumstances (family, personal, or financial) that could be considered as part of your application. These could include number and ages of children, parenting status, health/disability status, your debt situation:

Click here and write up to 300 words.

1. FUTURE GOALS

Briefly describe the work you plan to undertake once you have completed your course of study:

Click here and write up to 300 words.

1. REFERENCE

You need to ask one member of academic staff to provide a confidential email reference using the form on the next page. Enter the details of the academic staff member here:

|  |  |
| --- | --- |
| Name  Click here to enter text. | Email address  Click here to enter text. |

FINAL CHECK

Please check each statement to confirm you have met all requirements:

|  |  |
| --- | --- |
| I have read the purpose and regulations of the award |  |
| I am a full-time student |  |
| I have given full details in every section |  |
| I have enclosed all the supporting documents required, including signed details of the placement, proof of residency or citizenship, and academic results |  |
| I have asked one referee to email a confidential report |  |

(N.B.) A Statutory Declaration is available at the end of this application form.)

**The Selection Panel will NOT consider applications that do not contain the required information.**

Please keep a copy of your application.

Your signature: Date: Click here to enter a date.

Please send this completed application form, together with either a certified copy of your official academic record or a statutory declaration accompanying your current unofficial transcript, and certified evidence of New Zealand Citizenship or **Permanent** Residency, by:

* Email attachment to [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz)
* Or by post to:

Midwifery/Nursing Clinical Placement Awards

The Kate Edger Educational Charitable Trust

17 George Street

Newmarket

Auckland 1023;

* Or hand deliver to:

Academic Dress Hire, 17 George Street, Newmarket.

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz)

**Closing date: 28 August 2023.**

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Midwifery/Nursing Clinical Placement Awards in Memory of Ngaire Miller

The purpose of the Midwifery/Nursing Clinical Placement Awards in Memory of Ngaire Miller is to assist students to carry out a placement of approximately 3 - 5 weeks in a rural/provincial location, as part of study for an undergraduate or postgraduate preregistration degree in Nursing or Midwifery. The award is intended to encourage students currently based in Auckland and Wellington to take up rural/provincial placements by contributing towards accommodation and transport costs.

Please complete the following form and e-mail to [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz) using the subject line “Midwifery/Nursing Clinical Placement Awards”.

|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

Please comment on the applicant’s commitment to their work, academic ability, their potential and any other relevant matters: Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.

STATUTORY DECLARATION

For downloaded documents

**I**

Click here to enter your full legal name

**of**

Click here to enter your residential address.

**solemnly and sincerely declare that the following documents (copies of which are attached to this declaration) have been obtained and printed without alteration from the internet or email sources**

¶ *Note: what you write must be true. You can be prosecuted for making a false declaration*.

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| A | Click here to enter a description of document A. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| B | Click here to enter a description of document B. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| C | Click here to enter a description of document C. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |

¶ *Note: do not complete the section below until you are with the Justice witnessing your declaration*.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Your signature:

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me:

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|  |

Signed:

Justice of the Peace for New Zealand