## cid:21DB4957-D1FB-4FB4-AFF5-40895B104838THE KATE EDGER EDUCATIONAL CHARITABLE TRUST

**Women in Medicine Award**

**PURPOSE**

This award is intended to provide financial assistance to a woman enrolled full-time in the third year or above of the Bachelor of Medicine and Bachelor of Surgery Degree (MBChB) at the University of Auckland. The award is intended to encourage equity within the medical profession, through supporting students from diverse communities and backgrounds. Preference will be also given to students who can demonstrate potential for leadership and changemaking.

**CLOSING DATE: 4 December 2023**

**REGULATIONS**

1. One Award of $7,500 will be available for offer.
2. Applicants for the Women in Medicine Award must be:
   1. women;
   2. New Zealand Citizens or **Permanent** Residents;
   3. enrolled full time\* in the third year or above of an MBChB Degree at the University of Auckland in 2024.
3. In making this award, the selection committee may give consideration to:
   1. the applicant’s personal statement (of no more than 500 words) explaining why she has chosen her area of study and her future goals;
   2. the applicant’s academic record; (for the purpose of this award, academic merit will be assessed from the GPA or GPE obtained over the applicant’s most recent year of graded study (or equivalent);
   3. the applicant’s referee’s report;
   4. the applicant’s need for financial assistance;
   5. any special circumstances, e.g. family responsibilities, leadership potential, considered relevant.
4. Each applicant for these awards must submit her application **on the current prescribed application form**, together with:
5. a certified copy or statutory declaration of her academic record (this can be in the form of a certified digital document from the tertiary institution);
6. a certified copy of evidence of status as a New Zealand Citizen or **Permanent** Resident;
7. confirmation that a confidential report has been sought from one referee.

**“Certified copy” means a copy of the original, certified as true by an appropriate authority (for example, University Registrar, Head of Department or 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.**

1. This award may be held concurrently with an award of any value if the regulations for that award so permit.
2. The Women in Medicine Award shall be paid in one instalment directly to the successful applicant on presentation of a fees invoice showing enrolment as a full-time Medical student.
3. The successful applicant is required to complete her year of study and make a brief report at the end of this study. Failure to complete two full consecutive semesters may require refund of the full value of the award.

\*This scholarship is intended for students studying full-time towards a qualification. The Trustees understand that personal circumstances such as health conditions or impairments can limit a person’s ability to study full-time. Applications from students studying part-time due to disability will be therefore considered, but the applicant must include documentation supporting their reason for studying part-time. Examples of supporting documents include a letter of support from a disability service provider, the Students with Disabilities office, or your general practitioner. Students studying part-time due to disability who are successful in their application will be paid a pro-rata amount. For the purposes of this Award, a disability refers to both visible and invisible impairments including: blind and low vision, deaf and hearing impaired, head injury, ongoing medical conditions, diagnosed mental health conditions, physical/mobility impairments, speech impairments, Autism Spectrum Disorder, specific learning disabilities (e.g. dyslexia, dyspraxia, dyscalculia).

Please send the completed application form, certified copies of your official academic record or downloaded unofficial transcripts accompanied by a statutory declaration, and evidence of New Zealand Citizenship or Permanent Residency, by:

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

All applicants will receive an email confirmation 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: 4 December 2023**

*This award is funded by proceeds from Academic Dress Hire, from the sale and hire of academic and legal regalia for graduation, admission to the bar and school prize-giving ceremonies.*

**THE KATE EDGER EDUCATIONAL CHARITABLE TRUST**

**The Women in Medicine Award**  
Application Form

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.

Date of Birth: Click here to enter text.

Ethnicity(optional): Click here to enter text.

Are you a full-time student? Choose an item.

What year of study are you in? Click here to enter text.

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 degree are you enrolled in? Click here to enter the name of your qualification.

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

Please provide details about any other scholarships, bursaries, or awards you currently hold, including paid study leave. Click here to list/outline other awards you have been given.

**Please attach a certified copy of your up-to-date official transcript.**

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. PERSONAL STATEMENT

Briefly explain why you have chosen to do a Bachelor of Medicine and Bachelor of Surgery as your course of study and your future goals:

Click here and write up to 500 words.

Please note any other skills, interests, work experience (including volunteer roles) and leadership positions that could be considered as part of your application:

Click here and write up to 300 words.

1. REFERENCE

You need to ask one member of academic or hospital staff to provide a confidential email reference using the form on the next page. Enter the details of the 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 proof of Permanent 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, certified copies of your official academic record or downloaded unofficial transcripts accompanied by a statutory declaration, and evidence of New Zealand Citizenship or Permanent Residency, by:

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

All applicants will receive an email confirmation 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: 4 December 2023**

**THE KATE EDGER EDUCATIONAL CHARITABLE TRUST**

**The Women in Medicine Award**

Reference

The purpose of the Women in Medicine Award is to assist a female student in the third year or above of a MBChB degree at the University of Auckland. All information supplied is confidential to those involved in the selection procedures.

Please complete the following form and e-mail to [awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz) using the subject line ‘Women in Medicine Award’.

*This award is funded by proceeds from Academic Dress Hire, from the sale and hire of academic and legal regalia for graduation, admission to the bar and school prize-giving ceremonies*.

|  |  |
| --- | --- |
| **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. |

As you have had an opportunity to form a view of the applicant’s work, study and progress, we invite you to comment on the applicant’s commitment to her work, potential and any other relevant comments:

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. |
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| 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