

**Green Lane Research and Educational Fund**

**A Guide to Applicants for Research and Other Support**

An **electronic original** should be **emailed to Sarah O’Connell:** **SOConnell2@adhb.govt.nz**. **There is no need for a hard copy.**

**GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD**

*Charities Commission registration CC21111*

**Address all correspondence to:**

Sarah O'Connell

Administrator Green Lane Research & Educational Fund Board

PO Box 110042

Auckland City Hospital

AUCKLAND 1148

Tel: +64 9 3074949 ext 23730

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# APPLICATION FOR Post-Graduate Study Scholarships

**(Closing dates: 26 July)**

**Name:** **Employee No:**

**Position:** **Department:**

**How long have you held this position?**

**Contact phone number:**

**POST-GRADUATE STUDY SCHOLARSHIPS**

**Course you wish to attend:**

**Name of Institution:**

**Title of Post-Graduate Study Paper(s):**

**Date Course starts and location:**

**Funding request** – please state amounts in NZD and attach evidence of costs (e.g. downloaded web pages)

**Total Cost of Course:** **Total Application costs less CME balance:**

**Do you receive CME?** Yes/No **Current CME balance (please attach Kiosk page): $**

**Have you received Post-Grad support from GLREF before?** Yes/No **If yes, when:**

**Applicant signature:** **Date:**

|  |  |
| --- | --- |
| **For GLREF use only:** | **Payment:** |
| Application Number: Date: Approved: Yes/No Amount:  | Expense code: Date: Amount: DC ADHB □ Applicant’s bank AC □ |

(1) **NURSE MANAGER or SERVICE MANAGER**

Please provide your recommendations and comments on this application.

**Name:** **Date:**

**Signature:**

|  |
| --- |
| **Checklist:** |
| * Have you answered every question? Please don’t leave any blanks.
 |
| * Have you attached evidence of all expenses you wish to receive funding for?
 |
| * Have you attached the Kiosk page which shows your current CPE balance?
 |
| * Have your Charge Nurse *or* Nurse Unit Manager *or* Manager provide written support?
 |
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