

**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**](mailto: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

Email: SOConnell2@adhb.govt.nz

# 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? |
| Please email an **electronic original Sarah O’Connell:** [**SOConnell2@adhb.govt.nz**](mailto:SOConnell2@adhb.govt.nz). **There is no need for a hard copy.** |