

Green Lane Research and Educational Fund

A Guide to Applicants for Research and Other Support



*Clinical Excellence Through
Research and Education*

*Charities Commission registration
CC21111*

An **electronic original** should be **emailed to Sarah O'Connell: SConnell2@adhb.govt.nz**. There **is no need for a hard copy.**

GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

Address all correspondence to:

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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: _____	Expense code: _____
Date: _____	Date: _____
Approved: Yes/No _____	Amount: _____
Amount: _____	DC ADHB <input type="checkbox"/> Applicant's bank AC <input type="checkbox"/>

(1) NURSE MANAGER or SERVICE MANAGER

