## **Green Lane Research and Educational Fund**

# A Guide to Applicants for Research and Other Support



Charities Commission registration CC21111

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**

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



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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/NoIf yes, when:			
Applicant signature:Date:			
For GLREF use only:	Payment:		
Application Number:	Expense code:		
Date:	Date:		
Approved: Yes/No	Amount:		
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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