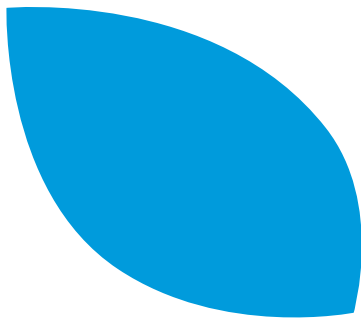




**Cancer
Council**
WA

MCLARTY PALLIATIVE CARE SCHOLARSHIPS.

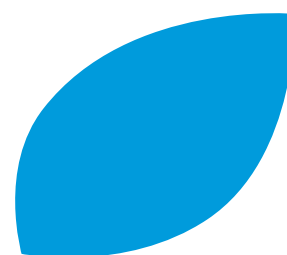
Information Guidelines



**Cancer Council WA
Palliative and Supportive Care Education
Western Australia Edition**

Contents.

Palliative care scholarships	1
Application process	1
Scholarship criteria	2
Course withdrawal or amendment	2
Graduation from McLarty scholarship	2
Contact details	2
Application form	3



Cancer Council Western Australia has an ongoing commitment to improving palliative care practice throughout WA. This is achieved by facilitating access to ongoing education for health professionals and ensuring that services, such as complimentary and support therapies, are an integral part of inpatient and community palliative care.

The generous bequest from the McLarty Family enables Cancer Council WA to play an important part in providing support to nurses and allied health staff through the provision of post graduate study scholarships.

Palliative Care Scholarships

The post graduate study scholarship enables health professionals to pursue post graduate education at Palliative Care Certificate, Diploma and Masters level.

The scholarship funds are available for post graduate education in palliative care nursing and allied health with the aim of increasing the knowledge and skills in the delivery of palliative care and will include:

- Graduate Certificates
- Graduate Diplomas
- Masters

Funding is not available for:

- Enrolled nurse to registered nurse conversion course
- Registered nurse re-registration

Whilst preference may be given to those applicants currently employed in a palliative care service, consideration will also be given to any nurse employed in the health care system who can demonstrate that in their work role they care for clients with life limiting illnesses.

Recipients of the McLarty Palliative Care Scholarships will receive funding for the cost of university unit fees only. The program will be accessible to nurses and allied health staff throughout the state and will enable recipients to take their expertise to the workplace enhancing best practice within their location. In addition, the scholarships will provide encouragement for talented health professionals to be attracted to, and remain in, specialist palliative care roles.

Application Process and Selection

Scholarships will be awarded annually and are awarded to coincide with the financial year.

All applicants are required to:

- Complete the scholarship application form
- Read and sign the terms and conditions
- Attach a copy of their confirmed course enrolment
- Provide a current Curriculum Vitae
- Enclose a letter of support from their current employer

A selection panel will award scholarships.

Scholarship Criteria

To be eligible you must be:

- A registered nurse or allied health professional employed in WA
- An Australian Citizen or have permanent residency status at the time of the application
- Undertaking a course that leads to an accredited tertiary qualification
- If successful, willing to participate in an evaluation
- If successful, willing to submit a report following the scholarship detailing choice of scholarship and achievements subsequent to the experience
- Able to submit all documents as required

If your application is successful, you will be sent a letter of confirmation.

Course Withdrawal or Amendment

Successful applicants who withdraw from their course of study or who do not pass course requirements must notify Cancer Council WA in writing. Full or partial repayment of scholarship funding may be required after review of individual circumstances.

Graduation from McLarty Scholarship

With the increased focus on palliative care excellence, Cancer Council WA envisage that these scholarships will be highly sought after. Successful applicants will be recognised by their peers and within the community to be practitioners of the highest calibre.

Individuals awarded a scholarship will be known as a Cancer Council WA McLarty Palliative Care Scholarship Recipient and on graduation will be presented with a certificate to reflect this.

Contact Details

If you require further information or have any queries please contact:

Palliative and Supportive Care Education Team

Cancer Council WA

Level 1, 420 Bagot Road, Subiaco WA 6008

P: 08 9382 9365

F: 08 9212 4334

E: emily.allen@cancerwa.asn.au **OR** McLartyscholarship@cancerwa.asn.au

MCLARTY PALLIATIVE CARE SCHOLARSHIPS.

Application Form



Please complete the relevant sections of this application form and mark as “PRIVATE and CONFIDENTIAL” and return to:

Palliative and Supportive Care Education Team

Cancer Council WA

Level 1, 420 Bagot Road, Subiaco WA 6008

P: 08 9382 9365

F: 08 9212 4334

E: emily.allen@cancerwa.asn.au **OR** McLartyscholarship@cancerwa.asn.au

PERSONAL DETAILS

Title: _____ Given name(s): _____ Surname: _____

Address: _____

Home phone: _____ Mobile phone: _____

Email: _____

Date of birth: _____ AHPRA registration number: _____

Are you an Australian Citizen? Yes No

Are you a permanent resident of Australia? Yes No

POST GRADUATE STUDY - course information

Course provider: _____

Course name: _____

Type of course? Graduate Certificate Graduate Diploma Master's Degree Other (*please specify below*)

POST GRADUATE STUDY - course information

List the unit titles/modules you will be undertaking.

Subject	Semester/year	Cost per unit
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____
11. _____	_____	\$ _____
		TOTAL: \$ _____

Will you be studying: Part time **OR** Full time

Year course will commence: _____ Year course will be completed: _____

Student identification number (if applicable): _____

CURRENT QUALIFICATIONS

Qualification obtained	Institution/University	Year from	Year to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT DETAILS

How many years post registration experiences do you have at the time of this application? _____

Please give details of your current employment

Employer: _____

Address: _____

Current position held: _____

Permanent Contract Date commenced: _____

Full-time Part time Hours per fortnight: _____

Please attach a copy of your CV.

EXPERIENCE

Please give details of your palliative care experience and reasons for scholarship application below.

WORKPLACE SUPPORT

Please attach a letter of support for your application from your workplace.

_____ (*insert organisation*) supports the application of _____
to apply for Cancer Council WA McLarty Palliative Care Scholarships.

Name of referee: _____ Position held: _____

Signature: _____ Date: _____

SCHOLARSHIP TERMS AND CONDITIONS

- Scholarship funding is provided to assist students with the education institution fees per unit.
- Non-course fees will not be covered by the McLarty Scholarship and any fees paid upfront by the nominee will require original receipts for reimbursement.
- A letter of support is required from your current employer, verifying your current area of work and substantiated position.
- Copies of qualifications and current APHRA registration should be included with this application.
- At the end of each semester you are required to provide evidence that you have successfully completed the coursework. Please email, post or fax a copy of your results to:

Palliative and Supportive Care Education Team

Cancer Council WA

Level 1, 420 Bagot Road, Subiaco WA 6008

P: 08 9382 9365

F: 08 9212 4334

E: emily.allen@cancerwa.asn.au OR McLartyscholarship@cancerwa.asn.au

- Scholarship recipients who withdraw from their course must notify the Palliative and Supportive Care Education Manager, as repayment of scholarship funding may be required, subject to individual circumstances.

AGREEMENT TO TERMS AND CONDITIONS

To be eligible for this scholarship, you must agree to the terms and conditions listed above and sign and return this form by post or email with your completed scholarship application.

Applicant signature: _____ Date: _____

Name of witness: _____

Witness signature: _____ Date: _____

What happens next?

If your scholarship application is successful you will be sent a letter of offer.

Need more information?

Visit our website at cancerwa.asn.au/professionals/cancercouncilwascholarships or phone **(08) 9382 9365**.

Before sending your completed application, please ensure you have read through the checklist below:

I have:

- Read and signed the terms and conditions
- Completed and signed the application form
- Attached a copy of course enrolment confirmation
- Enclosed copies of qualifications and AHPRA registration
- Enclosed a letter of support from your current employer

NOTE: Applicants are advised to seek financial advice regarding the tax implications of receiving such a scholarship. Legislation provides tax exemption for full time students only. www.ato.gov.au

We need to collect personal information to process your application, provide services, inform you about our activities and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by Cancer Council WA in accordance with this statement and our [Privacy Policy](http://www.cancerwa.asn.au/notices/privacy), available at <http://www.cancerwa.asn.au/notices/privacy>. If you do not agree, (i) you must not provide your personal information; (ii) you may not be able to apply; and (iii) we may not be able to provide certain services/products or communicate with you. We only disclose your personal information to external third parties (such as Cancer Councils in other Australian states/territories, or overseas software providers) where those parties assist us in carrying out our ordinary business operations and always in accordance with our Privacy Policy. We may use your personal information for our own direct marketing purposes, unless you opt out (which you can do at any time). Our Privacy Policy outlines how you may; opt out, access and seek correction of your personal information, or make a privacy complaint.