

NURSES MEMORIAL FOUNDATION OF SA. INC.

DR ROGER WURM SCHOLARSHIP APPLICATION FORM

1. NAME AND ADDRESS OF APPLICANT

PLEASE TICK THE APPROPRIATE TITLE AND DETAILS REQUESTED.

MR.

MRS.

MISS

MS.

OTHER \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_ SURNAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

NURSES BOARD OF SA REGISTRATION

ANNUAL PRACTICING CERTIFICATE DETAILS

NUMBER \_\_\_\_\_ EXPIRARY DATE \_\_\_\_\_

A CERTIFIED COPY OF YOUR PRACTICING CERTIFICATE IS TO BE  
INCLUDE WITH YOUR APPLICATION.

PLEASE LIST THE PROFESSIONAL ORGANISATIONS WITH WHICH YOU HOLD  
MEMBERSHIP STATUS

IN ADDITION TO THE ABOVE APPLICANTS ARE REQUIRED TO PROVIDE  
THE FOLLOWING INFORMATION.

1. A COMPLETED APPLICATION FORM
2. A FORMAL PROPOSAL WHICH SETS OUT YOUR OBJECTIVES, HOW YOU WILL ACHIEVE THOSE OBJECTS AND THE OUTCOMES TO BE ACHIEVED. THE PROPOSAL SHOULD CLEARLY DEMONSTRATE HOW YOUR HANDS ON CARE PRACTICES WILL BE ENHANCED IN THE INTERESTS OF CONSUMER OUTCOMES.
3. A FORMAL BUDGET PROPOSAL OF THE EXPENSES TO BE INCURRED TO FULFIL YOUR PROPOSED OBJECTS.
4. AN EMPLOYER CERTIFICATION STATEMENT.

(PLEASE PROVIDE THE ORIGINAL AND TWO OTHER COPIES OF YOUR SUBMISSION.)

RETURN TO.

Mrs. E. J. Ball  
SECRETARY/TREASURER  
N.M.F. OF SA INC.  
18 DEQUETHVILLE TERRACE  
KENT TOWN SA. 5067

APPLICATIONS CLOSE ~~ON~~ END OF APRIL  
EACH YEAR.

2. EDUCATIONAL HISTORY

Secondary Schooling	Achievements	Year's

Nursing Education	Where	Year's

Post Basic Nursing Education Qualifications	Where	Year's

**Tertiary Qualifications, other than Nursing:**

Institution	Course title	Qualification	Year's

3. Present Employment details

Name	Address	Position held	Years

**A summary of your duties and responsibilities**

