

SCHOLARSHIP PROGRAM APPLICATION FORM

Applicants are required to attach their current Curriculum Vitae with their application.

All completed applications and supporting documents should be sent to Lesley Innes, Director Sydney Education on lesley.innes@health.nsw.gov.au

Please read the Scholarship Program Information for further details.

[Click here](#)

Which qualification would you like to undertake if you are successful in this Scholarship Application?

Graduate Diploma of Leadership
(Health and Human Services)

Graduate Diploma of Clinical Pharmacy

Graduate Diploma of Advanced Practice
(Education)

Graduate Diploma of Public Health

Graduate Diploma of Advanced Practice
(Health Service Improvement)

Graduate Diploma of Advanced Practice
(Governance)

Graduate Diploma of Advanced Practice
(Organisational Performance)

Graduate Diploma of Advanced Practice
(Workplace Psychology)

Graduate Diploma of Advanced
Practice (Strategic Communication)

Graduate Diploma of Advanced Practice
(Supply Chain Logistics)

Graduate Diploma of Advanced Practice
(Dementia)

1: General Information

Full name:

Email address:

Contact No/Mobile:

Are you an Australian resident?

Yes

No

Are you an Australian citizen?

Yes

No

2: Education

Degree:	
Institution:	
Year of completion:	
Other qualifications:	
Are you currently undertaking any tertiary study?	Yes No

If yes please provide more information including expected year of completion:

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3: Work Experience

Which Service do you currently work in?			
Which department do you currently work in?			
Position:		Classification:	
How long have you worked in the health system?			
How long have you worked in Sydney Local Health District?			
If part-time, what is your equivalent full time period?			

4: Referee

All applications are to be accompanied with a reference from the department manager and endorsement by a member of your facility or LHD Executive team. Applications that are not endorsed will not be considered.

Please also provide your referee report using the electronic form provided and attach to your application.

Referee (Attach written reference)

Name:			
Title / Position:			
Organisation / Service:			
Relationship to you:			
Contact number:		Email address:	

Part 5: Additional Information

Can you describe some of the contributions that you have made in the workplace to date?

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What do you hope to learn from undertaking this scholarship?

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I believe that I meet the eligibility requirements for both Sydney Local Health District and the University of Tasmania.

I have review the scholarship program information available online and agree to the terms outlined in this document.

I agree to my results to be released to the District as part of the reporting of the scholarship program.

I understand if I am successful in this application I will be required to pay the student services and amenities fee which is approximately \$489 over the two year scholarship.

I understand that this scholarship has a two year duration.

Please tick to confirm

Applicants Signature

Name:			
Signature:		Date:	

Endorsement: District / Service Executive

Name:		Position:	
Do you support this scholarship application?		Yes	No
Signature:		Date:	



Sydney
Local Health District

