

A: 12 Lilburne Street, Lucas • P: PO Box 1156, Bakery Hill, Victoria 3354
T: 03 5338 0511 • M: 0427 694 168 • F: 03 5331 5470
E: orticare@bchc.org.au • W: www.bchc.org.au/orticare

Ballarat Community Health • ABN: 98 227 492 950



ORTicare Pharmacotherapy Network: Scholarship Application Form

PAGE 1: TO BE COMPLETED BY SCHOLARSHIP APPLICANT

Name of applicant:

Position and organisation:

Current status regarding nurse practitioner candidacy:

University or further training provider:

Current studies being undertaken or planned (please attach evidence from your training institution if currently enrolled):

Expected date for endorsement:

Have you applied/received other scholarship funding for this study? Please provide details.

Expenses to be covered through this grant:

Expense item	Amount	Semester dates/date of purchase

NB: if successful, a grant will be paid to your employing organisation, and you will need to submit invoices to them for direct payment of these costs. A full acquittal of scholarship funding is required.

Please include a statement on how your continued studies/endorsement as a nurse practitioner will improve access to opioid pharmacotherapy within the Grampians Loddon Mallee region

A: 12 Lilburne Street, Lucas • **P:** PO Box 1156, Bakery Hill, Victoria 3354
T: 03 5338 0511 • **M:** 0427 694 168 • **F:** 03 5331 5470
E: orticare@bchc.org.au • **W:** www.bchc.org.au/orticare

Ballarat Community Health • ABN: 98 227 492 950



Statement:

I confirm that the above information is true and correct at the time of application.

Applicant signature:

Date:

A: 12 Lilburne Street, Lucas • P: PO Box 1156, Bakery Hill, Victoria 3354
T: 03 5338 0511 • M: 0427 694 168 • F: 03 5331 5470
E: orticare@bchc.org.au • W: www.bchc.org.au/orticare

Ballarat Community Health • ABN: 98 227 492 950



PAGE 2: TO BE COMPLETED BY APPLICANT'S LINE MANAGER

Name of Manager:

Position and organisation:

Please confirm the applicant's role within your organisation:

Please describe your organisation's model of service in supporting opioid pharmacotherapy provision.

Statement:

I confirm that the above information is true and correct. _____ (organisation) is committed to supporting _____ (applicant) in their continuing professional development and increased capacity as a pharmacotherapy provider once they are qualified to do so.

I also confirm that _____ (organisation) will be responsible for disbursing the scholarship funds to the applicant, and will provide the ORTicare Manager with an acquittal of these funds at the end of the 2017-2018 financial year.

Line Manager's Signature:

Date:

Please email this completed application to orticare@bchc.org.au