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**HEALTH PROMOTION SCHOLARSHIP PROGRAM**

**2021 Application Form**

*Applications close 5pm, Friday 13 November 2020  
Scholarship projects commence February 2021*



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# SUBMISSION OF APPLICATION

Please read the Scholarships Handbook before completing this application. Applicants are required to provide:

* **Electronic version** of completed **application form**.
* **Electronic version** of completed **project proposal**.
* **Electronic version** of **curriculum vitae** (CV) and **attachments.**

It is the applicant's responsibility to ensure **all documentation** is received by the closing time and date. Late applications will not be accepted.

**Submit your application via email to:**Scholarships Coordinator  
Australian Health Promotion Association (WA Branch)   
Email: [scholarshipswa@healthpromotion.org.au](mailto:scholarshipswa@healthpromotion.org.au)

*Applications close: 5pm, Friday 13 November 2020*

# A. APPLICANT

To be completed by the applicant:

|  |  |
| --- | --- |
| Name: |  |
| Home address: |  |
| Postcode: |  |
| Phone (home): |  |
| Mobile: |  |
| Email: |  |
| Address while on placement (if different to above): |  |
| AHPA membership #: |  |

# B. SCHOLARSHIP SELECTION

|  |
| --- |
| 1. **Please indicate which scholarship category you are applying for:** (*tick all that apply)*   Graduate  Aboriginal or Torres Strait Islander  Regional |

# C. APPLICANT’S QUALIFICATIONS

Please attach a copy of the applicant’s most recent academic record to the application (if applicable). This might include tertiary or post-compulsory qualifications in any health or social science related field (i.e. University or TAFE). The AHPA (WA Branch) must sight a copy of the final academic record (if applicable) prior to funds being released to the agency and commencing the scholarship. **If the applicant has not completed any qualifications**, please ensure that Section D is completed and a letter of support from a workplace supervisor is attached to the application.

|  |  |  |
| --- | --- | --- |
| **Qualification/s** | **Institution/s** | **Date completed/ due to be completed** |
|  |  |  |
|  |  |  |

# D. APPLICANT’S PROFESSIONAL AND VOLUNTARY EXPERIENCE

Please list your most recent experiences first (include any work/volunteer experience and appointments relevant to health promotion, Aboriginal health, nursing, youth work, teaching or other related fields).

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution or Agency** | **Position Held** | **Dates** | **Voluntary or Paid** |
|  |  |  |  |
|  |  |  |  |

# E. APPLICANT’S REFEREES

Please list two referees who can comment on the applicant’s experience (work or volunteer). Please note referees should be contactable during December 2020.

## Referee One:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Relationship to applicant: |  | | |
| Agency: |  | | |
| Phone (work): |  | Mobile: |  |
| Email: |  | | |

## Referee Two:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Relationship to applicant: |  | | |
| Agency: |  | | |
| Phone (work): |  | Mobile: |  |
| Email: |  | | |

# F. HOST AGENCY

To be completed by the supervisor from the hosting agency to employ the scholarship position:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of agency: |  | | |
| Address: |  | | |
| Supervisor: |  | | |
| Phone (work): |  | Mobile: |  |
| Email: |  | | |
| AHPA membership #: |  | | |

Please provide a short summary of the supervisor’s health promotion experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain how the supervisor plans to support the applicant, including approximate hours per week the supervisor will spend with the applicant.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief summary of the agency’s cultural competencies. This may include provision of staff training and history of employing and supervising Aboriginal and Torres Strait Islander people. If the agency has a Reconciliation Action Plan (RAP) or other related policy, please attach it to the application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# G. CERTIFICATION OF AGENCY

I certify on behalf of this agency that:

1. The agency will provide the facilities, including appropriate funding for the project, office accommodation and adequate supervision for the applicant if successful in obtaining a scholarship.
2. The agency will provide relevant entitlements including sick leave and insurance through formal agreement / contract of employment. The scholarship includes a portion of agency on-costs in addition to the recipient’s scholarship wages. Agencies are required to cover any additional expenses past this amount.
3. The agency will administer the scholarship (the head of department/area must sign this section).

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Certifying Officer: |  | | |
| Position: |  | | |
| Agency: |  | | |
| Phone: |  | | |
| Email: |  | | |
| Signature of Certifying Officer: |  | Date: |  |

# H. AGENCY ONCOSTS

Agencies must specify costs for the project, or for the costs associated with employing the scholarship recipient , up to a total value of 20% of the salary granted ($6,958.00 ex GST) **.**

|  |  |
| --- | --- |
| **Cost Items** | **TOTAL** |
| *Example: Workers compensation Insurance* | *$870* |
|  |  |
|  |  |
|  |  |
|  |  |
| Costs provided in-kind |  |
|  |  |
| GST requested |  |
| Total on costs requested (inc GST) |  |
| Total on costs |  |

# I. REMOTE AND RURAL RELOCATION ALLOWANCE (Remote and Rural Placements Only)

Scholarship applicants intending on relocating to remote or rural areas to undertake their scholarship can apply for additional funds up to **$5,400 (ex GST)** to assist with the costs of relocation. To apply for these additional funds, you must complete the **relocation allowance** (**RA) proposal** below as part of your application. See the example provided in the scholarship handbook for estimating your relocation costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please describe the applicant’s relocation for the purposes of the scholarship (or N/A):** | | | |
| **Relocation cost item** | **Description (brief)** | **Estimated cost** | **Total requested** |
|  |  |  |  |
|  |  |  |  |
|  |  | GST |  |
|  |  | TOTAL |  |

**Please note:** approved RA funds will be included in the scholarship contract to be paid to the scholarship recipient upon submission of the mid-term report and the final report. The AHPA (WA Branch) will only reimburse the recipient following receiving an invoice outlining costs of approved RA. Following completion of the scholarship recipients will need to provide proof of how they spend the RA funds e.g. airline receipt, petrol receipts, rental agreement, letter from landlord, etc.

# J. MENTORING PROGRAM – MENTEE APPLICATION FORM

Successful applicants are matched with mentors to provide additional support throughout the scholarship period. Please complete the form below to assist in finding a suitable mentor.

|  |
| --- |
| 1. **Please list three specific objectives you would like to work towards:** (i.e. long or short-term goals, areas of work that you would like to develop, experience/skills/knowledge you would like to enhance/develop *e.g. evaluation, management skills, interview skills, project management*) |
| 1. **What is your field of interest?** *(any specialty areas; nutrition, rural health, Aboriginal health etc.)* |
| 1. **Do you have a mentor in mind?**  Yes  No   If you have a particular person in mind to be your mentor, please provide their name, and  if possible contact details, so that AHPA can invite them to participate.  Name of potential mentor:  Phone:  Email: |
| 1. **If available, would you prefer:** (*tick one box only)*   Metro-based mentor  Non-metro based mentor  Either – whoever is best matched to my needs |
| 1. **How long have you been working in the health field?**   Less than 2 years  2 years - 5 years  6 years - 9 years  10 years - 13 years  Over 14 years |
| 1. **Would you describe yourself as…**   New to health promotion  Partially completed a health promotion course  New graduate from a health promotion course  Other (please describe)… |

# K. CHECKLIST

Please complete this checklist to ensure that the scholarship applicant and the agency meet the scholarship criteria:

Within this application we have:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Discussed the suitability of the proposed scholarship applicant, supervisor and project with the AHPA (WA Branch) Scholarships Coordinator. Note: It is strongly advised to make contact with the Scholarships Coordinator at least **two weeks prior** to the application due date. |  |  |
| 1. Met **applicant eligibility** criteria as outlined in the 2021 Handbook. |  |  |
| 1. Met **agency eligibility** criteria as outlined in the 2021 Handbook. |  |  |
| 1. Met **supervisor eligibility** criteria as outlined in the 2021 Handbook. |  |  |
| 1. Completed all sections of this **application form**. |  |  |
| 1. Completed all sections of the **project proposal** template. |  |  |
| 1. Included contact details for the applicant’s two nominated referees. |  |  |
| 1. Included the applicant’s and supervisor’s/agency’s AHPA membership numbers. |  |  |
| 1. Attached applicant’s most recent academic record or letter of support from a workplace supervisor detailing relevant work/volunteer experience. |  |  |
| 1. Included or attached information or evidence from the organisation/agency demonstrating cultural security. |  |  |
| 1. Attached copies of the applicant’s and supervisor’s Curriculum Vitae (no more than 4 pages each). |  |  |
| 1. Attached a letter from the agency confirming that they are a not-for-profit organisation, or government-funded agency. |  |  |
| 1. The applicant and supervisor will be available for an interview during week commencing 14 December 2020. |  |  |

# L. APPLICANT’S DECLARATION

I hereby certify that I have not worked in a paid health promotion role for more than six months full-time equivalent, have not previously received an AHPA (WA Branch) scholarship and will be available for interview during the week commencing 14 December 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (printed)Applicant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

# M. SUPERVISOR SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (printed)Supervisor’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Thank you for taking the time to complete your application.