



**Centre for Remote Health**  
A joint centre of Flinders University and Charles Darwin University

## Gayle Woodford Memorial Scholarship



**1959-2016**

Gayle was a committed, proactive and professional Remote Area Nurse (RAN). She worked for Nganampa Health Service for 5 years before her sad death in 2016. Her role as a RAN was the fulfilment of a 'dream' to undertake community work with disadvantaged people. Gayle was well educated and well prepared as a Diabetes educator and a Graduate of Centre for Remote Health and Flinders University with a Graduate Certificate in Remote Health Practice.

## Guidelines and Application Form

Applications Open: 1<sup>st</sup> February  
Applications Close: 31st July

## Guidelines

This scholarship is jointly sponsored by CRANAp<sup>lus</sup> and the Centre for Remote Health .

The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice, offered through Flinders University.

One scholarship will be awarded annually, for study to commence the following year.

### As a successful scholarship recipient what must I do

The Scholarship recipient must provide evidence, a copy of 'Academic Record' transcript of successful completion of topic[s] at the end of each semester to CRANAp<sup>lus</sup> Scholarship Administrator:

email: [scholarships@crana.org.au](mailto:scholarships@crana.org.au) or

fax: 08 8408 8222

Postal address: PO Box 127

Prospect SA 5082

A failure of topic[s] by the recipient will lead to a cancellation of the Gayle Woodford Scholarship unless the recipient has evidence of extenuating circumstances.

### Appeal Process

The Scholarship recipient has the right to request the decision to be reviewed by the Scholarship Selection Committee. You will be required to provide evidence for consideration to be given by the Scholarship Selection Committee.

### Tenure

The scholarship will continue for the duration of the Graduate Certificate in Remote Health Practice. It is suggested that maximum of 2 topics be undertaken per semester.

The usual part time study period is 12 months, however recipients may be allowed up to 2 years to complete their course.

***Inability to complete the study may incur a financial penalty***

### Eligibility Criteria

This scholarship is open to registered nurses, Indigenous health practitioners, allied health practitioners and medical officers.

Applicants must meet the following entry requirements of the Graduate Certificate in Remote Health Practice:

- hold an approved degree or equivalent qualification from an approved tertiary institution in a health related field.

- the Nursing stream must have a minimum of one year post-registration experience and must be currently registered with the Australian Health Practitioner Regulation Agency as a Registered Nurse with no restrictions on practice.
- the Medical stream must be either concurrently enrolled in the Doctor of Medicine at Flinders University or currently registered with the Australian Health Practitioner Regulation Agency as a Medical Practitioner.
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The Faculty Board may, under certain circumstances and subject to specific conditions, admit others who can show evidence of fitness for candidature.

Working in remote practice is desirable.

**\*Aboriginal and Torres Strait Islander people are encouraged to apply**

## Selection

Scholarships will be awarded based on:

- the likelihood and level of contribution the recipient will make to remote and Indigenous health;
- the ability of the recipient to successfully complete the award.

## Announcement of Successful Applications

The Scholarship Committee undertakes the assessment of individual applications and the decision of the Committee is final.

## Important information

\*Please [email](#) your Application and Declaration Forms (pages 4 – 7) to CRANaplus by **30<sup>th</sup> June**.

- Incomplete applications will be assessed on the basis of the information given.
- No additional information will be sought.
- Please ensure the information provided is accurate.

**Please Note: Typed Application is preferred.**

## Contact details for the Scholarship Administrator:

**Email:** [scholarships@crana.org.au](mailto:scholarships@crana.org.au)  
**Phone:** 08 8408 8200  
**Fax:** 08 8408 8222  
**Postal Address:** CRANaplus Scholarship Administrator  
 PO Box 127 Prospect SA 5082



**Please outline (200 words) why you want to undertake this study. Include motivating factors, career and personal experiences.**

**Please describe (300 words) how you will contribute to improving Remote and Indigenous Health in the future.**

## DECLARATION:

*The declaration is a legally binding document and indicates that you have, to the best of your knowledge, provided true and correct information.*

### This Section Must Be Completed

**I declare that:**

- The information I have supplied in this application form is true and correct in every particular. I understand I will be required to repay any funds to which I am not entitled and that penalties may apply for providing false information.
- I will advise the Scholarship Administrator, in writing, within 14 days of any change in my circumstances.

**I understand that:**

- The information on this form is collected for the purpose of assessing Scholarship eligibility and selection.
- The information on this form may be used for the purpose of obtaining aggregated information about the scheme and that any information gathered for this purpose will not identify me in any way.

**I agree to:**

- Participate in promotional material that may arise from awarding of this Scholarship.

**Signature of applicant:**

**Date:**

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**Advertising and Publicity Declaration:**

*This declaration indicates that you agree to participate in advertising and publicity of this scholarship*

**I declare that:**

- I give permission to allow CRANaplus to use my name, region and state/territory details and information about the university that I am attending for the purpose of publicity and promotion of the scholarship.

**I agree to:**

- Participate in events that might be arranged by CRANaplus in relation to this scholarship.

**Signature of applicant:**

**Date:**

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## Check List

Completed Application Form	<input type="checkbox"/>
Curriculum Vitae	<input type="checkbox"/>
Brief statement completed	<input type="checkbox"/>
Signed Declaration Form	<input type="checkbox"/>

Incomplete applications will be assessed on the basis of the information given.

Typed Application is preferred.

### Closing date: 31<sup>st</sup> July

\*Please email your completed Application & Declaration Form and accompanying Curriculum Vitae to CRANAplus:

**Email:** [scholarships@crana.org.au](mailto:scholarships@crana.org.au)  
**Fax:** 08 8408 8222  
**Postal Address:** CRANAplus Scholarship Administrator  
PO Box 127  
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