



Undergraduate Remote Placement Scholarship Program

Guidelines and Application

Round One Applications open 1st March
Applications close: 31st May

Round Two Applications open 1st July
Applications close: 30th October

SCHOLARSHIP GUIDELINES

CRANaplus is committed to supporting fulltime students who wish to undertake a remote or rural clinical placement during their undergraduate studies.

The Scholarship Program is a CRANaplus initiative to provide financial assistance of up to \$1000 per applicant towards the cost of fares, accommodation and other incidental costs incurred by a fulltime student undertaking a remote health placement.

The Scholarship may be claimed for placement undertaken for the current calendar year and may be retrospective to the closing date, and funds awarded on provision of tax invoices for costs incurred.

Eligibility Criteria

To be eligible for a Scholarship the applicant must be

- A current CRANaplus Student Member
- Desirable to be a member of a rural health club
- Enrolled as an undergraduate student in a health discipline at an Australian University.
- An Australian citizen, or have permanent residency status.

Funding for the same purpose must not have been received from any other source.

Aboriginal and Torres Strait Islander people are encouraged to apply

Scholarship Requirements

Total Funding

Our scholarships allow up to \$1000 per application

Travel

The Scholarship will help to fund up to .30 cents per kilometre for fuel reimbursement and/or cost of discounted air, bus, or train fares, unless cause for full fare can be demonstrated as Only Option.

Accommodation

The scholarship will fund accommodation up to \$100 per night, unless cause for higher accommodation cost (i.e. lack of option) can be demonstrated.

'Remote Placement'

As this Scholarship program is intended for remote settings, consideration maybe given for some 'rural' settings. Flexibility maybe applied. Please provide specific details of your claim.

Presentation of Receipts

All successful Applicants are expected to retain receipts to acquit their scholarship funds. Such receipts should be forwarded to the Scholarship Administrator no more than 30 days after placement completion *or* 30 days after you have received notification of being a successful scholarship recipient.

Mentoring

Scholarship recipients will be invited to participate in the *CRANaplus LINKS Mentoring Program and successful applicants will be contacted by the Mentoring Program Coordinator*. The mentorship will provide additional support by assisting students to navigate what is needed to undertake a clinical placement, introducing appropriate rural and remote health professionals or resources to meet their learning needs

Clinical Placement Summary Report:

On completion of the Clinical Placement, you will be required to submit a Clinical Placement Report (500 words) about your experience whilst on clinical placement, which may be included in the quarterly publication of CRANAplus Magazine. Suitable photos may form part of this Report but if they include images of individual people, their written permission for publication must be included. Please submit your report electronically within 30 days of completing your placement.

Important information

If you have already completed your placement you will be required to provide receipts and summary of clinical placement.

This scholarship does not fund any loss of wages.

- *Please **fax or email or post** your Application and Declaration Forms (pages 4 – 7) to CRANAplus by
 - **Round 1 - 31st May or**
 - **Round 2 - 31st October**
- 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.

Announcement of Successful Applications

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

Successful applicants will be notified by email

Contact details for the Scholarship Administrator:

Email: scholarships@crana.org.au
Phone: 08 8408 8200
Fax: 08 8408 8222
Postal Address: CRANAplus Scholarship Administrator
PO Box 127
Prospect SA 5082

APPLICATION FORM

Please ensure the information provided is accurate and legible.

Are you a CRANaplus Student member? Yes No

Scholarships are only available to current CRANaplus Student members

Applicant Details

| | | | |
|---------------------|-------------|--------------------|-----------|
| Title | First Name: | Surname: | |
| Residential Address | | | |
| Town: | | State/Territory: | Postcode: |
| Daytime Phone: | | After Hours Phone: | |
| Mobile: | | Email: | |

Postal Address (complete only if different to the above):

| | | |
|------|------------------|-----------|
| Town | State/Territory: | Postcode: |
|------|------------------|-----------|

Are you an Australian citizen or permanent resident or Australia? Yes No

You may be required to provide a copy of either your birth certificate, naturalisation papers, passport or other official document.

Student Enrolment details

| | | |
|-------------|---|----------------------|
| University: | Course: (include any Specialised streams/ majors) | Year level of study: |
| Campus: | | |

Are you a member of National Rural Health Students Network? Yes No

| | |
|---|----------|
| Name of your Health Club: | |
| <i>Please list someone within your health club who would be prepared to act as a referee on your behalf. If you do not belong to a Student Rural Health Club please list the name of your course Co-ordinator as a referee.</i> | |
| Name | Position |
| Phone | Email |

Placement Information:

| | | |
|--|-----------------------|----------|
| Town/Community | State/Territory | Postcode |
| Type of facility | | |
| Contact Person | Position | |
| Has the placement been approved by: Community/Health Service Yes <input type="checkbox"/> No <input type="checkbox"/> University Yes <input type="checkbox"/> No <input type="checkbox"/> Is it external to semester time / planned placements: Yes <input type="checkbox"/> No <input type="checkbox"/> Any comments: | | |
| Start/Proposed start date | End/Proposed end date | |

Provide a brief statement (up to 75 words) of what you hope to gain from the remote placement:

Budget: (please be as specific as possible, rounding to the nearest dollar)

| Item | Outline of expenses | Total anticipated cost of expenses | Total scholarships funds requested |
|------|---|------------------------------------|------------------------------------|
| 1 | Travel (cost of fuel and/or discounted fares) | \$ | \$ |
| 2 | Accommodation | \$ | \$ |
| 3 | Meal Allowance | \$ | \$ |
| 4 | Books/Reference Materials (please itemise) | \$ | \$ |
| 5 | Other (please itemise) | \$ | \$ |
| | Grand Total | \$ | \$ |

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 CRANAplus Undergraduate Remote Placement 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:

- Provide a report (within **30 days** of undertaking of placement or notification of successful application) on my placement experience that may be included in the CRANAplus magazine.
- Participate in promotional material that may arise from CRANAplus Undergraduate Remote Placement Scholarship.

Signature of applicant:

Date:

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:

Check List

| | |
|------------------------------------|--------------------------|
| Completed Application Form | <input type="checkbox"/> |
| Confirmed clinical placement | <input type="checkbox"/> |
| Brief statement completed | <input type="checkbox"/> |
| Budget – outline expenses and cost | <input type="checkbox"/> |
| Signed Declaration Form | <input type="checkbox"/> |

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

A typed application is preferred

Closing date: Round 1 - 31 May
Round 2 - 30 October

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