

Nurse Maude Campbell Ballantyne Fellowship Application Form 2017

Please ensure your application is legible. This information is confidential.

If you need assistance please contact Gill Coe at the Institute on 375 4635 or gill.coe@nzichc.org.nz

Title of the Project/Research: _____

Personal Details Principal Applicant

First Name: _____ Surname: _____

E-mail Address: _____

Occupation: _____

Service Area: _____

Telephone: Work _____ Mobile: _____

Name of manager/supervisor/employer: _____

Iwi Affiliation (if applicable): _____

Additional applicants for this research/project

First Name: _____ Surname: _____

Email Address: _____

Work address: _____ Contact number: _____

Role in research/project: _____

Research supervisor/project sponsor

First Name: _____ Surname: _____

Email address: _____

Work address: _____ Contact number: _____

Referee's contact details

	Member of NM Senior Management Team		Peer/expert in the field
1		2	

Principal applicant's qualifications and experience

List educational qualifications or level, where and when gained:

Qualification or Level	Where	When

Do you have formal research skills? YES NO

List Relevant Employment Experience: _____

List Other Relevant Experience: _____

Research Programme Summary *(please complete this Section at the end)*

Title of the research/project: _____

Brief objective of the project: _____

Planned Commencement Date:

Planned Duration: (mths) _____

Amount applied for: \$ _____

Research or service development project *(please be concise)*

What is the **research/project question**? What are you planning to explore?

Why is the research programme/activity necessary? How is it **relevant to the work of Nurse Maude**?

What are **the aims** and objectives of the research/project?

Provide a brief overview of what you propose to do in order **to meet the objectives**?

What **benefits and outcomes** do you expect to see occur for consumers and Nurse Maude as a result of this research/project?

What **benefits and outcomes** do you expect to see occur for yourself as a result of this research/project?

Explain about the **ethical approval process** for this research (if applicable)

Proposed Research/project plan

Provide a detailed **project plan, including specific activities and timelines.**

Estimated costs of this research/project

Please use the costing template below as a framework for your budget. Note that not all line items may need to be included in your budget.

Research budget template

Meeting costs	Times	Total Hours	Cost
Meeting face to face (Room +Catering = \$)			
Teleconferencing (number)			
Koha/client/informant travel and attendance (\$ each)			
Additional meetings & briefing of stakeholders (hrs)			
Subtotal			
Staff costs & time	Hrly rate	Hours	Total
Project Management (NZICHC)			
Researcher			
Administration			
Others (state)			
Project support staff (such as statistician)			
Subtotal			
Travel and Accommodation	Cost	Times required	Total
Travel			
Accommodation			
Meals			
Subtotal			
Resources	Monthly costs	Months use	Total
Stationery			
Post and packaging			
Telephone costs			
Other consumables			
Subtotal			
Overheads			Total
Grand Total			

Costs of you being away from work, based on your current salary

If you are employed with Nurse Maude, please take into account the fact that your salary for any time you may be away is included in the amount payable. Please indicate your current annual salary and factor into this a proposed breakdown of expenses.

Days away from work:	
Cost (\$) per day	

What amount of the estimated total cost will you meet yourself? \$ _____

What other sources have you asked, or could you ask, for assistance?

How will your time be accounted for?

What leave do you currently have available to you (days and type of leave)?

Annual leave	
Long service leave	
Study leave	
Other leave	

Personal statements

Other Remarks to Support Your Application

I acknowledge that the information I have given in this application is factual and that any grant awarded to me by the Trustees will be spent only on the programme/project outlined.

Signed: _____ Date: _____

PRIVACY ACT STATEMENT

Information about the personal details of individuals contained in this application is used to solely assist with the administration and assessment of the application.

This information is restricted to the Members of the Nurse Maude Trust Board considering the application. Names of recipients of the Nurse Maude Campbell Ballantyne Fellowship appear in the Board's Annual Report and may appear in publicity material published by the Association from time to time. Under the provisions of the Privacy Act 1993 you are entitled to access that information. By signing this Agreement you accept these conditions.

On completion please send this application **DIRECT** to:

Nurse Maude Campbell Ballantyne Fellowship Selection Committee
C/- New Zealand Institute of Community Health Care
P O Box 36 126
Merivale
Christchurch

before 31 July 2017. A late reference may result in exclusion of the application.

Nurse Maude Campbell Ballantyne Fellowship Research Programme Outline (Form 1)

TO THE APPLICANT

There are two copies of this form. Please complete this section on both, then send one to each of your two referees named on Page 1 of this Application. One reference must be from a member of the Nurse Maude Senior Executive Team and one from either a peer in the sponsoring organisation or a relevant external organisation or professional body, where appropriate. The Referee/s will reply directly to the Board.

Applicant's Name:

Brief outline of your programme and why you wish to do it:

Signature: _____ Date:

Nurse Maude Campbell Ballantyne Fellowship Referee's Report Form 2017

TO THE REFEREE

The person seeking this reference has applied to the Nurse Maude Foundation for a Nurse Maude Campbell Ballantyne Fellowship, as described in the attached Research Programme Outline. Your advice and comments will be appreciated and held in confidence by the Trustees. Please make your comments on this form with particular regard to

- (i) whether you are in a position to give an adequate reference and the basis of your knowledge of the applicant. (If you are the applicant's employer, or are from an external organisation or professional body, please indicate this.);
- (ii) your assessment of the applicant's qualities, their standing in relation to the programme, and ability to succeed in the project; and
- (iii) your opinion on the extent to which the project might be expected to benefit the applicant, their work, Nurse Maude or related agencies and the Canterbury community generally.

Comments:

Signature: _____ Date: _____

Name and Address (please type)

On completion please send this application **DIRECT** to
The Trustees
Nurse Maude Campbell Ballantyne Fellowship
C/- The Director, New Zealand Institute of Community Health Care
P O Box 36 126
Merivale
Christchurch

before 31 July 2017. A late reference may result in exclusion of the application.

Nurse Maude Campbell Ballantyne Fellowship Research Programme Outline (Form 2)

TO THE APPLICANT

There are two copies of this form. Please complete this section on both then send one to each of your two referees named on Page 1 of this Application. One reference must be from **a member of the Nurse Maude Senior Executive Team** and **one from either a peer in the sponsoring organisation or a relevant external organisation or professional body** where appropriate. The Referee/s will reply direct to the Board.

Applicant's Name: _____

Brief outline of your programme and why you wish to do it:

Signature: _____ Date: _____

Nurse Maude Campbell Ballantyne Fellowship Referee's Report Form 2017

TO THE REFEREE

The person seeking this reference has applied to the Nurse Maude Foundation for a Nurse Maude Campbell Ballantyne Fellowship, as described in the attached Research Programme Outline. Your advice and comments will be appreciated and held in confidence by the Trustees. Please make your comments on this form with particular regard to

- (iv) whether you are in a position to give an adequate reference and the basis of your knowledge of the applicant. (If you are the applicant's employer, or are from an external organisation or professional body, please indicate this);
- (v) your assessment of the applicant's qualities, their standing in relation to the programme, and ability to succeed in the project; and
- (vi) your opinion on the extent to which the project might be expected to benefit the applicant, their work, Nurse Maude or related agencies and the Canterbury community generally.

Comments:

Signature: _____ Date: _____

Name and Address (please type)

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