**Nurse Maude Campbell Ballantyne Fellowship**

**Application Form 2018**

*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**

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| --- | --- | --- | --- |
|  | **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:

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| --- | --- | --- |
| **Qualification or Level** | **Where** | **When** |
|  |  |  |
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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?

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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?

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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.

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| --- | --- |
| 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?

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**How will your time be accounted for?**

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

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| --- | --- |
| Annual leave |  |
| Long service leave |  |
| Study leave |  |
| Other leave |  |

Personal statements

### Other Remarks to Support Your Application

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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PRIVACY ACT STATEMENTInformation 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 2018.** 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: |

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| Brief outline of your programme and why you wish to do it: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

**Nurse Maude Campbell Ballantyne Fellowship**

**Referee’s Report Form 2018**

### 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

1. 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.);
2. your assessment of the applicant’s qualities, their standing in relation to the programme, and ability to succeed in the project; and
3. 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.

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| 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

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**Nurse Maude Campbell Ballantyne Fellowship**

**Research Programme Outline (Form 2)**

### TO THE APPLICANT

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|  |
| --- |
| Applicant’s Name: |

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| --- |
| Brief outline of your programme and why you wish to do it: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Nurse Maude Campbell Ballantyne Fellowship**

**Referee’s Report Form 2018**

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3. 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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