Ref: A874

AOTEAROA COLLEGE OF DIABETES NURSES
PROFESSIONAL DEVELOPMENT GRANT

Information Sheet and Application Form

PLEASE READ CAREFULLY BEFORE SUBMITTING

Purpose

The NZNO Aotearoa College of Diabetes Nurses (ACDN) offers grants to assist members living and working in New Zealand to further their knowledge and skills with a view to improving outcomes for people living with diabetes. The grant can be used for activities such as, but not limited to; participation in workshops, attending conferences, study days or seminars or ACDN accreditation fees. A grant to cover ACDN accreditation fees will **not** affect your ability to apply for a grant for other qualifying purposes.

Applications must be submitted electronically on the most current NZNO-ACDN application form. **All compulsory fields must be completed.** Incomplete or retrospective applications will not be considered.

Applicant Eligibility Criteria:

- Current financial NZNO members who have been members of the ACDN for at least two years prior to making an application.
- Applicants must be residing and working in New Zealand
- Applications must be received before **1600hrs on the closing dates – 28th February and 31st July**
- Applicants have not received an ACDN grant in the previous three years

Details of the Professional Development Grant:

Up to $6,000 per annum may be allocated for grants at the discretion of the ACDN National Executive Committee. A scoring system is used to prioritise successful applications.

The maximum amount awarded per person will be:
$100.00 per person for accreditation
$750.00 per person for activities other than accreditation

Recipients of a grant for activities other than accreditation are required to provide a written report *(approximately 500 words)* within 6 weeks of completion of the workshop/study day/conference/seminar etc. The report is to be emailed to the ACDN Membership Secretary (acdn.secretary@gmail.com). This report may be published in the ACDN's newsletter *"On Target"*. Recipients may also be invited to speak at an ACDN forum about what they have learned.

Grant recipients who, for whatever reason, do not complete/undertake the activity for which the application was made, are required to return the allocated grant in full to ACDN (NZNO).

- You must complete all sections of the application form.

- Applications must be submitted electronically, by 4pm on or before the closing date to: acdn.membership@gmail.com

  Using the subject title: **ACDN Professional Development Grant**

Professional Development Grant Application Form

Name of Applicant:	
Contact Address: (You must be residing in NZ)	
Phone:	**Work:** **Home:** **Mobile:**
Email Address:	
NZNO Membership Number: (You must be a current financial member of NZNO)	
Year of joining ACDN : For this info, contact NZNO Ph 0800 28 38 48 or email: membership@nzno.org.nz	
Current Position and Employer:	
Purpose for which the grant will be used **Please provide title of workshop/study day/conference/seminar, date and venue**	
Please provide an itemised account of costs for which this grant will be used (attach any receipt/s or quotes. If the application is successful, receipts will be required for payment of Grant money).	**Registration:** **Flights/travel:** **Accommodation:** **Other (please specify):**

Have you applied for/received funding from other sources for this activity?	No Yes – Please provide details including amount awarded/applied for
Have you received a grant from ACDN in the past three years? (Grants for Accreditation fees do not affect funding for other activities)	No Yes – please provide details (year and purpose of grant)
Please explain **<u>briefly</u>** how your nursing practice will be enhanced by this activity.	
I declare the contents of this application form to be a true and correct record. I have read and understood the requirements outlined and agree to meet these if my application is successful.	Signature: Date:
Payments are made electronically. **Please provide your bank account number**	_ _ / _ _ _ _ / _ _ _ _ _ _ _ / _ _
Please have your manager verify this application.	**Manager Name:** **Signature:** **Date:** **Contact ph:**