



# Australian Nursing & Midwifery Federation

NORTHERN TERRITORY

**Llorabel Reynolds**

NURSING AND MIDWIFERY

SCHOLARSHIP 2022



This scholarship is named in honour of Ms. Llorabel Reynolds OAM, who assisted in establishing the Australian Nursing Federation in the Northern Territory in 1964.

Ms. Reynolds came to the NT as a survey nurse in 1958 and later became Deputy Director of Nursing at Darwin Hospital in 1961.

She became a Life Member of the Australian Nursing Federation NT Branch on her retirement from nursing. Ms. Reynolds died September 2006.



The Australian Nursing & Midwifery Federation, Northern Territory Branch, (ANMF NT), are offering scholarships to all financial members to support Nursing & Midwifery in the Northern Territory. For Nursing & Midwifery students, Enrolled Nurses, Registered Nurses and Registered Midwives.

**The Scholarships are open for:**

Postgraduates Tertiary studies, Courses or Conference attendance. Applicants **must** meet all the listed criteria.

**Scholarships on offer for 2022**

**Conference:**

**6 x scholarships per year for up to \$3,000 ea.**  
(3x Central Australia Region & 3x Top End Region)

**Postgraduate:**

**4 x scholarships per year up to \$6500 each.**  
(2x Central Australia Region & 2x Top End Region)

**Criteria**

**ANMFNT highly recommends you apply for [BYLAW 41](#) prior to completing this application.**

1. Post Graduate Studies **MUST** commence after the **three-year (3)** membership eligibility criteria;
2. Scholarships will **NOT** be backdated beyond Scholarship application date.
3. Must be an ANMF NT **financial member** for a minimum of **three consecutive years**.
4. Must **NOT** be the recipient of any other nursing grant, scholarship, or bursary during the scholarship period;
5. Study must be relevant to nursing or midwifery in the NT;
6. Scholarship is available to a recipient **once** every three (3) years.
7. Applications **open** three (3) months prior to Closing Date of a Semester (i.e. twice a year)

**Scholarships Include:**

- Course or Conference Fees
- Airfares
- Accommodation for duration of conference or residentials

**Scholarships DO NOT Include:**

- Ground Transport- Taxi, Buses, Trains
- Meals or Incidentals
- Conference Dinner
- Cruise Ship Conferences



**Process:**

1. Complete the Application form and send a copy to the ANMF NT Office.
2. At the monthly Branch Council meetings, Branch Council will review your application and decide as to whom are the successful applicant(s). Branch Council's decision is final.
3. Applicants will be notified electronically (email).
4. Applicants will be required to pay their course/unit fees **upfront**.
5. On successful completion of the unit, please provide your results and unit fees (receipt or statement of HECS commitment) to the ANMF NT office for reimbursement.
6. Applicants who fail to complete or pass their unit, or attend their conference, will not be entitled to receive any monies from the scholarship fund.
7. Certificate of attendance will be required and a short article of 200 words to the ANMF NT on **'what it has meant to be a recipient of the scholarship.'** This will be published in the bi-monthly ANMF NT Newsletter.
8. The ANMF NT will then request your bank details, so the branch can pay you, your scholarship money.

**APPLICANT DETAILS**

Title and Name:
Membership Number NT:
Postal Address:
Residential Address:
Work Ph:
Home Ph:
Email:

Are you an Australian Citizen/Permanent Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you resided in the NT for 3 years or greater	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been a financial ANMF NT member for 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date joined:	
Who is your employer?	If none state <input type="text" value="NIL"/>
How long have you been employed?	
Where do you currently work?	Full time <input type="checkbox"/> Part time <input type="checkbox"/> If part time, number of hours per week: <input type="text"/>



**Postgraduate Details:**

Is your Course: Postgraduate Studies <input type="checkbox"/>	
Conference <input type="checkbox"/> (If Conference go to Conference section)	
Is your course available in the NT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of course:	
Course Provider:	
Are you a tertiary student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes; what is your Student ID Number? _____ (Attach copy of your enrolment receipt)	
Semester 1 or 2 (please circle or delete one)	What is your mode of study? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> External <input type="checkbox"/>
What is your academic year of study? 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> Other: (i.e. masters)	
Is the Course "Full Fee" paying? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NTG Employees- Have you applied to Access <a href="#">BYLAW 41</a> Yes <input type="checkbox"/> No <input type="checkbox"/> If No; Why _____	

**Conference details:**

Are you attending a conference Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of conference: (please attach application form)	
Date of Conference:	
Where is the Conference:	
NTG Employees- Have you applied to Access <a href="#">BYLAW 41</a> Yes <input type="checkbox"/> No <input type="checkbox"/> If No; Why _____	



**Other information:**

Are you also applying for funding support from other sources? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes; please provide details
What is the highest qualification you have completed to date? _____ Which year did you achieve that qualification? _____
Please provide details of any Employer support (i.e. study assistance / paid or unpaid study leave)
How will this course/study units/conference benefit health services in the Northern Territory?
How will this course/study units/conference benefit your professional development?

**Declaration**

**I hereby declare that all information contained in this application under the Llorabel Reynolds ANMF NT Nursing & Midwifery Scholarship 2022 is true and correct**

If my circumstances change in relation to my proposed study commitment or if I have received funding from another source, I will immediately inform the Branch in writing (email).

I agree to abide to the rules of this scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**APPLICANT CHECKLIST**

This checklist will help you complete your application.

Please send this Checklist with your application.

Have I completed all sections of this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where appropriate, have I checked that the course/activity is available in the NT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have I signed and dated the declaration at the end of the application form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have I applied to access <a href="#">BYLAW 41</a> and supplied proof of application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have I provided enough written information required to meet the criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of the course/program outline, attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of my receipt of enrolment, attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of citizenship / permanent residency status (passport, birth certificate). If applicable attached	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Proof of NT residency for 3 years	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Office Use Only**

Post Graduate Studies commence after <b>three-year (3)</b> membership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmed financial member for a minimum of <b>three</b> continual years.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Join Date:</b> ____ / ____ / ____	
Confirmed Northern Territory resident for at least <b>three (3)</b> continual years	YES <input type="checkbox"/> No <input type="checkbox"/>
Recipient of another scholarship/ bursary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Study is relevant to nursing in the NT	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Scholarship Application:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Applicant meets all necessary criteria	Yes <input type="checkbox"/> No <input type="checkbox"/>
Application passed on to Branch Council	Yes <input type="checkbox"/> No <input type="checkbox"/>



**ANMF NT OFFICE TO COMPLETE**

**Branch Council to complete**

Applicant's Name \_\_\_\_\_

**Application was:**

Supported:

Not supported:

Rejected:

Signature \_\_\_\_\_

Branch President      Date \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

Branch Secretary      Date \_\_\_/\_\_\_/\_\_\_

Applicant was notified in writing on: Date \_\_\_/\_\_\_/\_\_\_

**Reconciling Scholarship**

200-word article submitted to Branch for newsletter      Yes  No

Applicant provided proof of passing Postgraduate Course      Yes  No  N/A

Applicant provided proof of attending Conference      Yes  No

Bank details:      BSB

Account No:

Payment paid to Applicant      Yes  No

Date \_\_\_/\_\_\_/\_\_\_      Amount \$ \_\_\_\_\_



**Nursing and Midwifery Scholarship  
2022 advertised via**

- **Email**
- **Social media**
- **website**

Application Pack available from  
ANMF NT office or from ANMF NT  
web site: [www.anmfnt.org.au](http://www.anmfnt.org.au)

**Completed application**

Applications short-listed or rejected if  
incomplete or ineligible by ANMF NT Branch  
Council & applicant notified

**Successful**

A letter is sent to applicant electronically

**Not successful**

Applicant is sent formal letter electronically

**At completion of conference/post graduate  
course**

Applicants must send a copy of results and receipt of  
course fee payment to ANMF NT office, as well as  
your 200-word statement. Monies will then be  
transferred to applicant's nominated bank account.

**May reapply when conditions are  
met**