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| 2026 POST GRADUATE FUNDING  APPLICATION FORM FOR REGISTERED NURSES  Applications Close 1600 hours Friday 19 September 2025 |

* Please complete this form **electronically and send to the email address found at the end of the application**. Hard copy applications will not be accepted.
* Information is gathered using drop down boxes, check boxes, or free text.
* Information requested in this application remains confidential and is covered with the Privacy Act 1993 (Principle 2 – source of personal information). The rationale for collection of this data is to provide accurate reports to Health New Zealand Te Whatu Ora (HNZ) Taranaki.
* If there are more completed applications than funding available, the Taranaki Nurse Workforce Development Committee will use the priority list to determine successful applications.
* All requirements must be met e.g.: PDRP portfolio, NZ permanent residency
* Incomplete applications will be returned.
* Late applications will not be accepted.
* Please complete this application after reading the Postgraduate Funding Handbook.

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| Section 1:   1. Personal Information (Details match employment details and university course enrolment) | | | | | | | | | | | |
| Surname: | | First Name: | | | | | | | | | | |
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| Date of Birth: | | Gender: **Choose an item.** | | | | | | | | | | |
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| Phone number: | | Email address: | | | | | | | | | | |
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| Are you a NZ Citizen/Permanent Resident? **Choose an item.**  *If born outside NZ, please attach a photocopy of permanent residency or citizenship* | | | | | | | | | | | | |
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| Ethnicity: Choose an item.  *If New Zealand Maori selected, please state Iwi*: | | | | | | | | | | | | |
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| 1. Details as per the Nursing Council New Zealand (NCNZ) register | | | | | | | | | | | |
| Surname: | | First name: | | | | | | | | | |
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| Nursing Council Registration (APC) Number: | | | | | | | | | | | |
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| Section 2: Employment Information | | | | | | | | | | | | |
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| Manager Name: | | | | | Manager Email: | | | | | | | | | |
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| Manager Phone number: | | | | | | | | | | | | |
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| Clinical Service Area: **Choose an item.** | | | | Length of time with employer: **Choose an item.** | | | | | | | | | |
| Position Title: | | | Employment: **Choose an item.** | | | | | | | | | |
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| FTE (contracted hours of work): **Choose an item.** | | | | | | | | | | | | |
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| Professional Portfolio: Select **ONE** of the following two options A or B.  A)  My employing organisation has a NCNZ approved PDRP programme, and I have a current portfolio at the following level that reflects my job description: **Choose an item.**  ☐I have attached a copy of my PDRP certificate as evidence to this application form (required).  **OR/**  B)  My employing organisation does not belong to a NCNZ approved PDRP programme and I have all the following portfolio components that reflect my job description:   * Current (within 12 months) performance appraisal * NCNZ competency assessment form completed by self and peer including practice examples * Evidence of meeting the NCNZ required practice hours * Evidence of meeting the NCNZ required professional development hours   My manager can confirm that I have the above portfolio components. My managers signature in the ‘managers section’ of this application endorses this. | | | | | | | | | | | | |
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| Section 3: Post Graduate Study History |
| Post Graduate qualifications already held: Choose an item. |

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| Qualification level: In the table below, list completed papers within each qualification level achieved to date. ALL details required. | | | | | | |
| Qualification | Year | Paper number/Code | Name of paper | Paper credit value | Grade | Name of tertiary provider | |
| Postgraduate Certificate |  |  |  |  |  |  | |
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| Postgraduate Diploma |  |  |  |  |  |  | |
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| Postgraduate Masters |  |  |  |  |  |  | |
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| Section 4: Post graduate study 2024 | | | | |
| Select the Post Graduate qualification that you would now like to achieve: **Choose an item.** | | | |
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| Will you BEGIN this Postgraduate certificate/diploma/Masters qualification in 2026? **Choose an item.** | | | | |
| If NO, when did you begin? | Year: | | Semester: | |
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| Will you complete this qualification in 2026? **Choose an item.** | | | | |
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| 2026 Paper enrolments: In the table below, list papers you are planning to enrol in next year (all semesters). ALL details required. | | | | |

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| Paper Code | Paper name | Semester | Paper point value | Number of compulsory study days to attend | Name of tertiary education provider | Student ID (if you have one for this education provider) |
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Indicate if one of these papers is a practicum paper which will require a clinical mentor provided by your employer

No  Yes

Indicate if one of these papers is a prescribing paper: Select ONE by checking one of the following appropriate boxes

Postgraduate diploma prescribing

Masters prescribing

*Note that manager approval will be sought separately as part of the approval process.*

Indicate if you are on a Nurse Practitioner pathway

No  Yes

If yes, please briefly describe your plans for a Nurse Practitioner role, including the service and approval for the role by your manager.

*Write your text here*

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| Section 5: Funding | |  |
| I have applied for funding elsewhere: **Choose an item.**  If NO go to the next section – Section 6 | | |
| If YES, complete the following details: | |  |
| Name of fund: | Amount requested: | |
| Costs that funding will cover: Select ALL that apply by checking the appropriate boxes | | |
| Fees Travel Accommodation Other (please specify) | | |
| Has the funding been received? **Choose an item.**  If YES, please state amount of funding received: $ | | |

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| Section 6: Nursing Career Plan | |
| All applications must contain a completed career planner. | |
| The purpose of this professional development planner is to assist you in setting goals and planning your career in the short, medium and long term. | |
| The career planning cycle involves four steps, italicised below: *knowing yourself, explore possibilities, make choices, make it happen.*  **Employee:** *knowing yourself*includes a self-assessment of strengths, skills, values and interests.  **Employee and Manager:** Before documenting the Career Development Plan the employee and manager/ clinician *explore possibilities*and*make choices***.** Discuss perceived barriers, work life balance, level of involvement/ commitment, and other considerations that may affect the goal or plan. This discussion is likely to have occurred as part of the appraisal process.  This section is an important part of the selection criteria. Please ensure all components are completed. | |

**Career Development Plan:** *make it happen*

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| Pathway:  Clinical  Education  Management  Research  Policy  Quality/Clinical Governance  Other: |  | What do I really want from my career? *(Be specific, relate to the pathway you have indicated and the roles you aspire to. Link to your strengths, skills, values, beliefs and interests. Consider perceived barriers, work life balance, level of involvement/ commitment, and other considerations). Approximately 200 – 250 words.* |

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|  | Goals | Bullet point the actions / resources you will take / need to achieve your goals. Include but don’t limit these to completing PG studies. | Brief but specific statement of exactly how your goals relate to Ministry of Health strategies, Whakamaua, or organisational strategies |
| List 3 short-term goals (6-12 months) |  |  |  |
| List 2 medium-term goals (1-3 years) |  |  |  |
| List 1 long-term goal (3-5 years) |  |  |  |

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| **I plan to disseminate knowledge and skills gained through study by:** |

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| Section 7: Applicants Declaration Section |
| By signing this agreement, I agree:   * To the information being provided to HNZ Taranaki * I have read and understand the Postgraduate Funding Handbook * I have carefully considered and planned the workload for this study * I authorise HNZ Taranaki to contact the tertiary institution I am studying at, or have studied at, to seek confirmation of my course completion and grade * My information is shared with the Postgraduate Coordinator, the tertiary education institute and the Taranaki Nurse Workforce Development committee * My information, limited to contact detail and paper choice, may be shared with colleagues undertaking the same papers (to support study and negotiate shared travel and accommodation arrangements) * I will contact the coordinator and tertiary institute immediately if there are any changes to my enrollment (eg withdrawal, cancellation of paper, change of semester) * If I do need to withdraw from a paper, I will make every effort to access a full refund prior to the tertiary institutes withdrawal cut off dates * If I fail to complete the paper (for reasons beyond fair and reasonable) I accept I may be required to repay any funding received by HNZ Taranaki * I will provide a copy of my results to the coordinator at the end of each semester I enrolled in * I will disseminate knowledge gained to relevant nursing forums through teaching sessions in both clinical and wider settings or complete a quality improvement related to the study involved. |
| Applicants Name:  Applicants signature:  Date: |

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| Section 8: Manager/Employer Section |

If you are working in a ward/unit/area where there is a Nurse Educator, please have a discussion regarding your postgraduate pathway prior to submission.

I have a Nurse Educator assigned to my area of work  **Choose an item.**

If No, please go to Section 9

Nurse Educator Name:

Signature:

Date:

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| Section 9: Manager/Employer Section | |
| The Manager/Employer to confirm the following and sign for their approval of the application   * I have reviewed and discussed the contents of this form with the applicant; the study meets all the requirements as outlined in the HNZ Taranaki PG Study Funding for RNs Handbook. * I have identified the clinical release time required. * The nurse contributes to the clinical area and organisation (eg resource role, preceptor, leadership, development of others) * I agree to notify the post graduate coordinator without delay if the applicant leaves my employment or with draws from study * For external managers: I agree to invoice for travel/accommodation costs with receipts attached at the end of each semester * By signing this form, I fully support and endorse this application for funding, including provision of mentors as required. * I confirm that all requirements for the application are met e.g.: a PDRP portfolio or portfolio components as per job description, an agreed career plan. * Please indicate which of the following priorities apply to this application. **Tick all that apply.**   1. Applicants, who successfully completed the NETP programme will be prioritised to complete a Postgraduate Certificate  2. Recruitment, retention and development of the RN workforce identifying as Māori  3. Prioritised workforce needs identified by the HNZ Taranaki or VHF organisation   * RN prescribing * Written service agreement for development of CNS role * Written service agreement for development of NP role * Aged care sector   4. Employer support where post graduate study/qualification is a requirement of a role  5. Course of study aligns with National and regional health priorities such as Ministry of Health strategies, Te Pae Tata or Whakamaua  6. Locally delivered papers or specialty papers infrequently offered. | |
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| Employer/ Line Manager Name:  Signature:  Date: | | |

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| Section 9: Completion checklist and submission |  |
| Before submitting your application, please ensure you have: | |
| * Completed the application form fully * Clearly understand the commitment for post graduate study * Attached PDRP certificate or relevant documents as evidence * Attached a Copy of NZ residency/citizenship if born out of NZ | |

Submit your application to the PG Coordinator email address [PostGraduatestudiescoordinator@tdhb.org.nz](mailto:PostGraduatestudiescoordinator@tdhb.org.nz)

The submission will be receipted.

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| Date application received electronically | Date |
| Application complete | Yes / No - returned |
| All requirements met | Yes / No - returned |
| Priority indicator | Number(s) |
| Application acknowledged | Yes |