



## **CERVICAL SCREENING TRAINING GRANT**

### **Information and Application form**

Sponsored and administered by the National Cervical Screening Programme (NCSP)

### **Making training more affordable**

The Cervical Screening Training Grant reduces the cost of becoming a certified cervical sample-taker by reimbursing the full cost of training (up to \$700 excluding GST). A partial reimbursement of up to \$700 (excluding GST) is available for training courses with fees more than \$700.

- Grants will be prioritised for nurses currently working in areas most closely aligned to the equity criteria found in this application.
- Employers are expected to fund the professional development of nurses and any grants awarded are designed to reduce, but not eliminate, training costs for employers.
- The NCSP requires eligibility criteria to be met before grants are awarded.

### **Before you can apply**

You must meet all criteria outlined below to apply for a training grant, including:

- Meet the equity criteria outlined in this application;
- Be endorsed by your employer and capable of attending training as part of your employment;
- Be accepted by an approved training provider to undertake Unit Standard 29556 – Conduct Cervical Screening; and
- Have a confirmed date for your training course.

### **There are two steps to this application**

1. Determining your eligibility for the grant
2. Submitted documents required for reimbursement

### **Stage 1: Determining your eligibility for the grant**

- Please print your answers clearly in BLOCK LETTERS.
- Email a copy of your application form and supporting documentation to [ncsp@health.govt.nz](mailto:ncsp@health.govt.nz)
- You will be notified by email of your eligibility for a training grant.

#### **PLEASE NOTE:**

You should normally seek approval for a training grant before your training course begins, but we may consider applications submitted up to 6 weeks after a training course has begun.

Applications will be declined if they are received more than 6 weeks after a training course begins.

**Te Whatu Ora reserves the right to decline any application.**



## NCSP Training grant application form: STAGE 1

- Please complete all sections of Stage 1 (Pages 3 – 6).
- Please complete in BLOCK LETTERS if handwriting your application.
- Read carefully and make sure you provide accurate information before emailing Stage 1 of your completed application.
- There will be delays in processing your application if Stage 1 is incomplete, we can't read your writing, or there are inconsistencies in the information you provide to us.

### DOCUMENTATION – STAGE ONE

Please provide the following information as part of your application (and check the boxes as you verify the information is included):

- A confirmed date for your cervical screening training course
- A copy of your current valid Annual Practising Certificate
- Your employer's signed endorsement (page 5)
- Your signed declaration (page 6)

### Questions?

You can send your questions to [ncsp@health.govt.nz](mailto:ncsp@health.govt.nz) or visit our website at:

<https://www.tewhatauora.govt.nz/for-the-health-sector/ncsp-hpv-screening/>



FOR NCSP USE ONLY			
Internal reference no.		Manager approval	
		Date	

## A. Your details

1. First name \_\_\_\_\_

2. Family name \_\_\_\_\_

3. Job title \_\_\_\_\_

4. Date of application \_\_\_\_\_

5. Date of Training Course \_\_\_\_\_

Cervical Screening  
6. Training Provider \_\_\_\_\_

7. Applicant's address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Daytime contact no. \_\_\_\_\_

9. Email address \_\_\_\_\_

10. Gender (Please check)  Female  
 Male  
 Rather not disclose  
 Other – please state: \_\_\_\_\_

11. Ethnicity (Please check all boxes that apply):  
 NZ European       Māori       Filipino       Niuean  
 Samoan       Chinese       Indian       Tongan  
 Other (please state): \_\_\_\_\_



## B. Your employer's details

1. Organisation \_\_\_\_\_
2. Address \_\_\_\_\_
3. Contact no \_\_\_\_\_
4. Email \_\_\_\_\_
5. Employer contact person  
Name: \_\_\_\_\_  
Job title: \_\_\_\_\_

## Equity criteria for priority grant approval

6. Please check all boxes that apply (you must select at least one criteria):
  - Work in Screening Support Services
  - Work in a VLCA (very low-cost access) practice
  - Work in an all-male GP practice
  - Number of current cervical smear takers in agency/practice: \_\_\_\_\_
7. Explain how your application will support improving access to cervical screening for priority women in your practice or agency (**mandatory**):



### C. Your employer's endorsement

Please ask your employer to endorse the following:

I will encourage and assist my employee,

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*(applicant's name)*

as they work to successfully complete the cervical screening training course.

Employer's Name \_\_\_\_\_

Employer's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**Te Whatu Ora reserves the right to decline applications at its own discretion.**



## Your declaration

My signature below confirms the following:

- I have attached copies of the required documentation (refer to checklist on page 3) to my application.
- The documentation supporting my application is accurate at the date of signing.
- I will notify the NCSP via email at [ncsp@health.govt.nz](mailto:ncsp@health.govt.nz) if I withdraw from, or fail to complete, the course.
- I authorise the NCSP to contact the cervical screening training provider and/or my employer regarding this application, if needed.
- I understand that I must have completed the cervical screening training within 12 months of attending the course and provided the relevant documentation to the NCSP within the same period for the grant to be paid, provided all criteria are met and my stage two application is approved.

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



## NCSP Training grant application form: STAGE 2

After completing all components of Unit Standard 29556 you must, within 12 months of completing the course, email the documents listed on page 7-8 to: [ncsp@health.govt.nz](mailto:ncsp@health.govt.nz)

Payment will be by direct credit to the course fee payer (you may submit bank account details from either an individual applicant or an organisation). Practices are not required to issue invoices to Te Whatu Ora as this is not part of the reimbursement process.

### PLEASE NOTE:

- You must successfully complete all elements of your training course.
- You must complete and send Stage 2 of your training grant application and supporting documents within 12 months of completing your training course.

## Questions?

You can send your questions to [ncsp@health.govt.nz](mailto:ncsp@health.govt.nz) or visit our website at:

<https://www.tewhatauora.govt.nz/for-the-health-sector/ncsp-hpv-screening/>

## Documentation for reimbursement: Stage 2

- A copy of the receipt** for course fees from an accredited training provider for NZQA Unit Standard 29556 (please see the list on page 7). The receipt must state the full name of the applicant.  
  
The bank account details of the course fee payer in the form of a bank slip or statement. Bank logo and details must be clearly visible. **The bank account name must match the name on the course fees receipt from the training provider or the name of the practice/employer endorsing the applicant.**  
**(A copy of an official bank deposit slip or bank certified document must be provided before payment can be made.)**
- A copy of your Record of Achievement from NZQA showing completion of Unit Standard 29556 - Conduct Cervical Screening.
- If you are submitting documents with a different name from your Stage One application, please include an official document as proof of name change (e.g. marriage certificate or equivalent issued by the New Zealand Government)
- A current Annual Practising Certificate valid for at least 6 months from date of submission of Stage 2 documents.



Visit the [NZQA website](#) to view your Record of Achievement details. The [NZQA website](#) will require you to login. If you don't already have an account you will need to register using your National Student Number (NSN), date of birth, and you will then be prompted to create a password.

Please [contact NZQA directly](#) if you lose your NSN, change address, or need any information concerning your Record of Achievement.

Tertiary Records, NZQA  
PO Box 160, Wellington  
+64 (4) 463 3000

### List of Cervical Screening Training Providers

Education Provider	Contact Details
<b>Eastern Institute of Technology Hawkes Bay</b>	Sue Floyd (06) 830 1515 <a href="mailto:sfloyd@eit.ac.nz">sfloyd@eit.ac.nz</a> <a href="https://www.eit.ac.nz/subject-areas/industry-training-2/">https://www.eit.ac.nz/subject-areas/industry-training-2/</a>
<b>Family Planning Association</b>	Ashleigh Pearson <a href="mailto:Ashleigh.Pearson@familyplanning.org.nz">Ashleigh.Pearson@familyplanning.org.nz</a> <a href="https://www.familyplanning.org.nz/courses/course?id=235">https://www.familyplanning.org.nz/courses/course?id=235</a>
<b>Te Pukenga Waikato Institute of Technology</b>	Katrina Fryers - <a href="mailto:katrina.fyers@wintec.ac.nz">katrina.fyers@wintec.ac.nz</a> <a href="https://www.wintec.ac.nz/study-at-wintec/courses/health-and-wellbeing/nursing/cervical-smear-taking-(level-7)">https://www.wintec.ac.nz/study-at-wintec/courses/health-and-wellbeing/nursing/cervical-smear-taking-(level-7)</a>
<b>Well Women &amp; Family Trust Auckland</b>	Vanessa May <a href="mailto:vmay@wons.org.nz">vmay@wons.org.nz</a> <a href="https://www.wellwomenandfamily.co.nz/cervical-sample-takers-course">https://www.wellwomenandfamily.co.nz/cervical-sample-takers-course</a>