**MATERNAL AND CHILD HEALTH NURSE**

**POST GRADUATE SCHOLARSHIP PROGRAM**

**2025 GUIDELINES**

**Aims of the Program**

Moira Shire Council is offering a scholarship to eligible midwives undertaking study that leads to the qualification of a Maternal & Child Health Nurse.

The Maternal and Child Health Nurse Scholarship Program is available to registered midwives who undertake a Post Graduate Diploma of Nursing Science in Child Family and Community (or equivalent, as determined by Moira Shire Council) at an accredited tertiary institution.

**Eligibility**

Selection for the program will be made according to the demonstration of the following criteria:

* Australian citizenship or permanent residency status
* Resident of Moira Shire or surrounding municipality
* Current registration as a registered nurse and midwife with the Nursing and Midwifery Board of Australia
* Enrolment in a suitable tertiary course.
* Intention to complete the course within two (2) years
* Post-graduate experience in general nursing and midwifery of four years.

**Application process**

Applications for the scholarship program must be submitted to Moira Shire Council by 4pm, 13 December 2024.

Submissions will be accepted by email to [info@moira.vic.gov.au](mailto:info@moira.vic.gov.au), online at [www.moira.vic.gov.au](http://www.moira.vic.gov.au), by post to Moira Shire Council, PO Box 578, Cobram Vic 3643.

Applications must:

* Be submitted using the Application Form attached
* Be completed and signed by the applicant
* Include a recent resume and covering letter outlining why they wish to participate in the program
* Provide proof of enrolment in the tertiary courses
* Provide proof of course fees

**Selection Process**

Following the application closing date, a short listing process will take place. Eligible candidates will be contacted regarding their application and may be asked to attend an interview. Selection for interview will be based on the eligibility, application and reference review.

Unsuccessful applicants are encouraged to reapply for the scholarship in future rounds.

**Payment**

Scholarship payments will be made in the form of a bank deposit to the account nominated by the applicant, unless otherwise notified.

Payments will be issued upon receipt of the student’s successful completion of course units and any other paperwork as stipulated.

For each payment, copies of the record of results as issued by the university or tertiary institution must be sighted by the Team Leader Maternal and Child Health at Moira Shire Council.

**Conditions of Program**

Successful applicants who withdraw from their nursing course must notify Moira Shire Council and the educational institution within one (1) week.

Full or partial repayment of sponsorship funding following withdrawal from the nursing course may be required after review of individual circumstances and will be decided by Moira Shire Council.

Scholarships will be awarded by the Moira Shire Council representatives whose decisions are final and no correspondence will be entered into.

Students currently receiving funding from another scholarship are eligible to apply.

Moira Shire Council reserves the right to amend the scholarship guidelines at any stage throughout the program.

The scholarship funding is for a maximum of $4000, deposited after confirmation of results.

Studies must be completed with two years to remain eligible for the program.

**More Information**

For more information about the Maternal & Child Health Nurse Post Graduate Scholarship Program please contact the Team Leader Maternal and Child Health at Moira Shire Council on (03) 5871 9222 or email to info@moira.vic.gov.au.

**MATERNAL AND CHILD HEALTH NURSE**

**POST GRADUATE SCHOLARSHIP PROGRAM**

**2025 APPLICATION FORM**

Applicants are required to read the 2025 Guidelines prior to completing this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | | | |
| Given Names |  | | | | |
| Date of Birth |  | | | | |
| Are you an Australian Citizen? | | | Yes | | No |
| If No, do you have a permanent residency? | | | Yes | | No |
|  | | | | | |
| Residential Address | |  | | | |
|  | | | |
| Postal Address | |  | | | |
|  | | | |
| Mobile Phone | |  | Telephone |  | |
| Email Address | |  | | | |
|  | | |  | |  |
| Do you hold current registration as a nurse and midwife with the Australian Health Professionals Regulation Authority  *If yes please supply Midwifery and Nursing registration number* | | | Yes | | No |
| Midwife: | | |
| Nurse: | | |
| Name of University and course being undertaken or planning to undertake. | | | | | |
| **University** | |  | | | |
| **Course** | |  | | | |
| **Units Completed** | | | **Date Completed** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |

|  |  |  |
| --- | --- | --- |
| Have you applied for any other scholarship or grant funding for the nursing course referred to in this application? | Yes | No |
| If Yes, were you successful? | Yes | No |
| Name of Scholarship/grant provider? |  | |
| Referees: Must be a supervisor of a recent position |  | |

As part of this application you will be required to provide the following documentation:

* Current resume
* Verification from your university of HECS / course fees for the sponsorship year
* A copy of your university enrolment form
* Copy of current registration certificate
* Three professional referees (if successful for interview)

You are also permitted to supply any other information that may support your application.

Please ensure you sign the following declaration.

**Declaration**

In signing this applicationI declare that the information I have provided is, to the best of my knowledge, true and correct.

I agree to abide by the criteria set in the 2025 Postgraduate Scholarship Program Guidelines, as determined by Moira Shire Council, which I have read prior to completing this application.

I agree that Council may use my personal information for the purpose of processing my application. This may include contacting third parties to obtain more information about me.

|  |  |
| --- | --- |
| Signed | Date |
| Witness Signature | Witness Name |

**Privacy Statement**

*Moira Shire Council is committed to protecting your privacy. By submitting your application to Council, you agree that Council may use your personal information for the purpose of processing your application. This may include contacting third parties to obtain more information about you. Council will, if requested, provide you with access to your personal information.*