



QUEENSLAND STOMA ASSOCIATION LTD STN DEVELOPMENT PROGRAM 2022/2023 APPLICATION FORM

Aim:

The QSA STN Development Program is intended to enable Registered Nurses enrolled in the Stomal Therapy Graduate Certificate Course approved by the AASTN Education Subcommittee to gain an understanding of the work of Queensland Stoma Association. The program is designed to provide an insight into the operation of the Stoma Appliance Scheme and the way in which Queensland Stoma Association supports its members as they resume a normal life. The program will also provide details of how QSA liaises with referring STN's as they provide treatment and advice to new and existing ostomy patients.

Financial Support:

Registered Nurses participating in the QSA STN Development Program will be provided with financial support. The financial contribution by QSA will be up to \$3,000 and will be shared amongst those nurses who participate in the program. The maximum individual payment will be \$1,500. The support will be by way of a bursary paid on successful completion of an accredited Stomal Therapy Graduate Certificate course and completion of the QSA STN Development Program.

Program Details:

The QSA STN Development Program will involve eligible participants attending QSA on an agreed number of days when the association is operating to gain an understanding of the issues faced by both our members and the association in the provision of stoma supplies under the Stoma Appliance Scheme and the provision of support for members as they resume their normal life after ostomy surgery. Program applicants will attend an orientation day at QSA and then return on an individual basis if accepted for the program during the year to gain hands on experience. It is expected that this will be over four days with arrangements and times negotiated to suit each applicant.

Eligibility:

To be eligible applicants must be from Brisbane and Queensland country areas for which QSA takes primary responsibility for member support.

**QUEENSLAND STOMA ASSOCIATION LTD
STN DEVELOPMENT PROGRAM
APPLICATION FORM**

Name: _____

Address:

Contact Details: Phone _____ **Email:** _____

Employer: _____

STN Graduate Course start date: _____ **Anticipated End date:** _____

Details of funding received from employer or other source towards cost of study (if applicable):

SIGNATURE: _____

DATE: _____

Completed applications should be forwarded to:

The President,
Queensland Stoma Association Ltd,
PO Box 370,
CHERMSIDE SOUTH QLD 4032