



AUSTRALIAN ASSOCIATION OF STOMAL THERAPY NURSES INC
VICTORIAN STATE BRANCH

STOMAL THERAPY STUDY SCHOLARSHIP
APPLICATION FORM

Aim:

- To contribute to the costs of Victorian Registered Nurses undertaking post graduate study in Stomal Therapy
- To improve the quality of life of ostomates by promoting professional development of Registered Nurses in Stomal Therapy

The Scholarship is to be used:

- For costs related to undertaking an approved Stomal Therapy Graduate Certificate program approved by the Australian Association of Stomal Therapy Nurses Inc. (AASTN) Education Subcommittee

Value:

- The value of the Scholarship offered by the AASTN Victorian Branch each financial year will not exceed a maximum of A\$3000 (Three thousand Australian dollars)
- The Scholarship funds may be divided between two applicants, if they are both successful with the selection process ie A\$1500 (One thousand five hundred Australian dollars) each
- If there are no applicants who successfully meet the criteria or selection process, the Scholarship will not be awarded that year

Closing date:

- 30th September annually. Late applications will not be considered

Lodging applications:

- Applications are to be forwarded to The Secretary of AASTN Victorian Branch via email before the closing date of 30th September each year
- The email address for lodgement is: vic@stomalthrapy.au

Selection criteria and guidelines:



Applicants must:

- Be currently registered with the Australian Health Practitioners Regulation Agency (AHPRA) and employed in Victoria as a Registered Nurse
- Be an Associate Student Member of the AASTN for the duration of the study program
- Have the support of their Head of Department/ ward unit manager
- If awarded the Scholarship, agree to the public promotion of their success, including the use of their photograph
- Be committed to sharing their knowledge and experiences with other health professionals
- Be committed to becoming an actively participating Member of the AASTN Victorian Branch
 - Attend AASTN Victorian Branch meetings
 - Deliver an education session on completion of the course at AASTN Victorian Branch meeting

Becoming a Member of the AASTN:

- Application for membership forms of the AASTN are available directly from the AASTN website: www.stomaltherapy.au [Scholarships](#) | [Stomal Therapy](#)

Selection process:

- Applications will be reviewed by three (3) AASTN Victorian Branch Committee Members
- If the selection criteria and guidelines have been met, an interview of the applicant/s will be arranged and conducted by the same three (3) AASTN Branch Committee Members who undertook the review of application/s
 - The interview will explore the applicant's commitment to the specialty of Stomal Therapy and how they will use the knowledge gained
- This interview will occur within 4 weeks of the applications closing and will assist the decision on the Scholarship award
- To ensure an impartial decision, members of the reviewing/interviewing panel will not have a personal or professional relationship with the applicant/s
- A maximum of two (2) Full Member proxies may be selected from the AASTN Victorian Branch membership if two (2) of the AASTN Victorian Branch Committee Members do not meet the panel requirements
- The decision of the interview panel will be final, and the applicant/s will be notified of the result



Failure to complete the program:

- Withdraw from the program or failure to successfully complete the program within a two-year period, will require all scholarship funds to be returned to the AASTN Victorian Branch
- Unexpected program interruptions which delay completion will be considered for retaining the financial assistance after written application to the President of the AASTN Victorian Branch, outlining reasons for delay. Send via the email address vic@stomalthrapy.au
- Return of funds must be within 30 days of enrolment cancellation or notification of unsuccessful results

Program completion:

- A copy of the Graduate Certificate or Statement of Completion of the Graduate Certificate program is to be sent to the AASTN Victorian Branch Secretary as soon as is reasonably possible after program completion

Please attach separate pages to your application for each of the following:

- Resume: Include full work history and details of membership in professional organisations/groups
- Proof of current AHPRA registration
- Proof of AASTN membership
- Identify which course the applicant intends to enrol – enrolment confirmation
- Cover letter: Including an outline of how you plan to utilise and disseminate the knowledge gained from this program and your anticipated commitment to Stomal Therapy Nursing (250 words or less)
- Other funding sources: Please give details if you have applied or received funding from any other source



Australian Association of Stomal Therapy Nurses Inc (AASTN) Victorian Branch
Stomal Therapy Study Scholarship Application

Name: _____

Address: _____

Phone: Mobile: _____ Work: _____

Email: Home: _____

Email: Work: _____

Place of Employment: _____

Name of Program and Education Institution: _____

Program Commencement and Completion Dates: _____

Application Agreement:

- Payment of the Scholarship is subject to the successful completion of the program
- I understand and accept that if I withdraw from the above program for any reason or do not successfully complete the set program within a two-year period, all scholarship funds must be returned to the AASTN Victorian Branch within 30 days
- I understand that I should provide proof of program completion to the AASTN Victorian Branch Secretary as soon as is reasonably possible after program completion
- If awarded the Scholarship, I agree to public promotion, including the use of my photograph
- I will deliver a twenty (20) minute education session at a AASTN Victorian Branch meeting and attend branch meetings for the duration of the program

Applicant's Signature: _____ Date: _____

Head of Department Endorsement:

I, _____, fully endorse the application of

_____ for the AASTN Victorian Stomal Therapy Study

Scholarship.

Signature: _____ Date: _____

Position: _____ Facility: _____