

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## CTA Application Form for Primary Care Funding For Postgraduate Nursing Studies in 2<sup>nd</sup> semester 2010 Administered by Canterbury DHB (CDHB)

Applicant's Name:

### INSTRUCTIONS

1. Please ensure your application meets the funding eligibility as set out in the Clinical Training Agency (CTA) on webpage [www.moh.govt.nz/cta](http://www.moh.govt.nz/cta) Specification 1/B48 **Postgraduate Nursing Training**.

Please ensure your **qualification** is eligible for CTA funding (Section2).

2. Please note that this funding application process pertains to 2<sup>nd</sup> Semester, 2010 only.

3. Return the completed **Application Form for CTA Funding** to:

Attention: CTA Administrator (CDHB)  
Postgraduate Nursing Education  
C/- Burwood Hospital  
Private Bag 4708  
Christchurch 8140

4. You need to submit this application for funding by **5pm Friday 14 May, 2010**

5. If you have any questions please **contact**:

Nanette Ainge, Nurse Consultant - *Postgraduate Nursing Education*, CDHB  
☎ 03 387 1399 or Email: [nanette.ainge@cdhb.govt.nz](mailto:nanette.ainge@cdhb.govt.nz)

#### Office Use only:

Application No: \_\_\_\_\_

Application Received: \_\_\_\_\_

Acknowledgement letter/email sent: \_\_\_\_\_

All Details completed: \_\_\_\_\_

Letter Accept/Decline sent: \_\_\_\_\_

EDON Signature: \_\_\_\_\_

**1. Personal details** (please print)

- a) Mr  Mrs  Miss  Ms
- b) Last name: .....
- c) First names: .....
- d) Postal address: .....  
 .....  
 Postal Code:
- e) Daytime telephone: ..... Alternative contact number:.....  
 Fax: .....
- c) E-mail address: .....

**2. Please confirm your proposed course of study for 2<sup>nd</sup> Semester, 2010**

Name of tertiary institution: polytechnic or university	Please ✓
Please confirm location of course delivery	Please ✓
Please confirm <b>Qualification*</b> for which you have enrolled	Please ✓
* <i>must be a Nursing Council of New Zealand approved programme - See below</i>	
Date you intend to <b>complete</b> this qualification: _____	

Paper(s) you plan to take for which you are seeking CTA funding\*:

Course Code	Paper name	Please ✓
	<b>Semester 2, 2010</b>	

\* To access CTA funding, the Qualification **must** be a Nursing Council of New Zealand approved programme.  
 Go to <http://www.nursingcouncil.org.nz/educa.html>, then click on **Postgraduate programmes** and there is a list of programmes approved by Council.



Do you expect to be a full time employee from July to November 2010?

Yes  No

If the answer is yes, please proceed to question 6.

If the answer is no, please indicate the hours that will apply to you in 2010.

Part-time employee  Hours per week: .....

Other  Please explain .....

**6. Employer support for 2<sup>nd</sup> Semester 2010**

The person you report to in your current job must sign the statement below.

Name of employing organisation .....

Address of employer.....

.....

Postal Code:

I support (full name of RN) \_\_\_\_\_ to undertake the course of study outlined above and agree to release him/her as negotiated to meet course requirements and for study-related purposes in 2010. (Refer to CTA Specification document, section 3.5).

Semester Two (July – Nov 2010)
Specify Course Dates/Study Blocks:

If the course of study has an on-line component, please indicate equivalent study hours:

Signed:..... Name (PRINT).....

Position: ..... Date: .....

**7. Declaration of other funding**

Please provide details (including the dollar amount) of any other funding you expect to receive or have applied for to assist with your study related costs in 2nd Semester, 2010.

**I declare that I have not applied for, and do not expect to receive, any funding in addition to this CTA funding to assist with my study-related costs in 2nd Semester 2010.**

Signed:..... Name: .....

Date: .....

Please complete the **CDHB Acceptance of CTA Funding Form** attached

**8. Certificate of Accuracy**

- a) I confirm that all of the information supplied in support of my application is accurate at the date of signing.
  
- b) I authorise an officer from the Canterbury DHB to contact any person in connection with my academic record.
  
- c) I understand that this application for CTA funding pertains to the 2010 year only.
  
- d) I give permission for the Director of Nursing/Manager of the organisation in which I am employed to be contacted  
Yes  No
  
- e) My completed [Acceptance of CTA Funding Form](#) is attached.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Acceptance of CTA Funding Form – 2<sup>nd</sup> Semester 2010 For Postgraduate Nursing Education

The Clinical Training Agency (CTA) requires the CDHB to prepare reports about each of the courses.

### 1. Permission to Release Information

I agree to the sharing of my attendance record between the programme organiser, the CTA and the Canterbury District Health Board (CDHB). Under the Privacy Act, 1993, CDHB has a duty to ensure information is used appropriately. It is understood by both the CDHB and the programme organiser that any information shall not be released to a third party unless I agree to the release.

**I agree that these data elements may be shared:**

- ◆ Full Name, Age
- ◆ Number of days attended
- ◆ Date of Enrolment
- ◆ Date of Completion

*If applicable:*

- ◆ *Date of withdrawal and reason for withdrawal*
- ◆ *Date of non completion*
- ◆ *Failure to attain pass*

### 2. Report Format (See Attachment A)

I agree to provide reports for the CDHB [Due on 30 October 2010]

Name of Course .....

Full Name (print) .....

Date of Birth

Day  Month  Year

Nursing Council Registration Number .....

If completing your Masters, what year do you intend to finish? .....

Signed By ..... Date.....

*Please turn over - continued*

**Statistical Information** continued

3. To which ethnic group(s) do you belong:  
 Tick one or more boxes or specify:

10		European not further defined (nfd)
11		New Zealand European/Pakeha
12		Other European
21		New Zealand Maori
30		Pacific Island nfd
31		Samoan
32		Cook Island Maori
33		Tongan
34		Niuean
35		Tokelauan
36		Fijian
37		Other Pacific Island Groups
40		Asian nfd
41		Southeast Asian
42		Chinese
43		Indian
44		Other Asian
51		Middle Eastern
52		Latin American/Hispanic
53		African (or cultural group of African origin)
54		Other specify:

***Thank you for completing this Acceptance Form.***

**OFFICE USE ONLY:**

<b>DATE RECEIVED</b>	<b>CTA CODE</b>	<b>TRAINING UNIT</b>	<b>Service Code</b>	<b>Comments</b>

<b>WDL Date</b>	<b>WDL Reason</b>	<b>WDL Schedule Update</b>