

Application Form

This document is provided to help applicants **view the application form in full. It is for reference purposes only and must not be used to submit an application for this scholarship.**

Section A – Mandatory Eligibility Criteria			
A.1 Mandatory Eligibility Criteria			
Eligibility	I confirm I meet the following eligibility criteria:		
	Be currently employed or have confirmed employment in primary care setting within South Eastern NSW	☐ Yes ☐ No	
	<i>[If selected No – not eligible – stop application here]</i>		
	Hold current registration with the relevant professional bodies such as the Australian Health Practitioner Regulation Agency (AHPRA), Exercise & Sports Science Australia (ESSA), Dietitians Australia, Australian Physiotherapy Association (APA)	☐ Yes ☐ No	Type of professional registration (AHPRA/ ESSA/ etc): [text]
			Professional Registration Number [text]
	Have an interest in expanding their knowledge and skills in diabetes management.	☐ Yes ☐ No	
	Have not recently completed substantially equivalent diabetes training within the past 3 years and do not have access to the selected course, or equivalent training, through their employer.	☐ Yes ☐ No	
	Be available to commence the <i>course</i> from February 2027 and commit to completing the course within six months.	☐ Yes ☐ No	
	Be committed to attend 1 hour online interactive session (vi Microsoft Teams, scheduled in late July 2027)	☐ Yes ☐ No	
	Have access to a computer and internet connection to complete the online course.	☐ Yes ☐ No	
* If you chose no, then you are not eligible for this scholarship. We thank you for your interest and encourage you to keep an eye on our funding opportunity webpage for future opportunities			
A.2. Additional eligibility criteria			
Which course	☐ Option 1: Diabetes in Practice for Nurses	You are not student nurses or Local Health District employees	☐ Yes ☐ No

are you applying for?	☐ Option 2: Diabetes Essentials for allied health professionals	You are not Local Health District employees	☐ Yes ☐ No
	☐ Both	You are not student nurses or Local Health District employees	☐ Yes ☐ No

Section B – Applicant details

Applicant name:	[text]
Position/title:	[text]
Place of work (Name of organisation)	[text]
Mobile phone:	[text]
Email:	[text]
Please select the LGA(s) you work for:	☐ Bega Valley ☐ Eurobodalla ☐ Goulburn Mulwaree ☐ Kiama ☐ Queanbeyan Palerang ☐ Shellharbour ☐ Shoalhaven ☐ Snowy Monaro ☐ Upper Lachlan Shire ☐ Wollongong ☐ Yass Valley ☐ Jervis Bay Territory
How did you hear about this opportunity ? (Optional)	☐ COORDINARE website (Funding opportunities) ☐ COORDINARE LinkedIn ☐ COORDINARE Facebook ☐ COORDINARE Health Coordination Consultant ☐ Staying Ahead ☐ In the loop ☐ COORDINARE Event Newsletter ☐ Direct email via Commissioning mailbox ☐ Friends/Colleagues ☐ Others (please specify)

Section C – Declaration

<i>This must be completed by the individual submitting the application:</i>	Agree
I agree that I understand the course commitment and am able to participate in all scholarship activities (eLearning modules, post course evaluation, and 1 hour online workshop).	☐
I understand and accept that information provided in this application may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats.	
I can confirm that the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements.	
I understand that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may terminate the scholarship.	

Applicant Name:	
Applicant Signature <i>(e-signature accepted)</i>	