

Expression of interest – Application form

APNA Festival of Nursing Scholarships 2025

Section A – Applicant details			
Applicant name:			
Phone number:			
Email address:			
APNA number: <i>(if applicable)</i>			
Practice		Position:	

Section B – Festival of Nursing conference
<p>1. Reviewing the Program provide an overview of which session(s) you are most excited to attend and why?</p>
<p><i>Please provide your response here:</i></p> <div style="height: 100px;"></div>
<p>2. Based on your practice data which of the sessions would be most relevant to you and why?</p>
<p><i>Please provide your response here:</i></p> <div style="height: 100px;"></div>
<p>3. Provide an overview of a recent quality improvement activity / program that your Practice undertook. Include the target population, key activities, engaging internal and external stakeholders, and outcomes achieved.</p>
<p><i>Please provide your response here:</i></p> <div style="height: 100px;"></div>

4. Outline how you have/would engage vulnerable members of your community to participate in population health initiatives

Please provide your response here:

Section C - Declaration

This must be completed by the practice nurse and authorised practice representative	Agree
The applicant agrees to share their experience of participating in the APNA Festival of Nursing conference. This may take the form of an informal presentation and Q&A (20-30 mins) to the COORDINARE Health coordination team (HCCs), participation in an interview, or by writing an article for a COORDINARE e-newsletter. (up to a total of 1 hour)	<input type="checkbox"/>
The applicant agrees to participate in a quarterly meeting with COORDINARE to discuss and seek feedback on current practice nurse related topics. This may include and not limited to providing guidance on nurse led models of care and other initiatives. (up to a total of 2 hours over 12 months)	<input type="checkbox"/>
The applicant understands and accepts that information provided in this application may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats.	<input type="checkbox"/>
The applicant understands they will be required to submit receipted evidence of scholarship expenditure to COORDINARE.	<input type="checkbox"/>
The applicant understands that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated.	<input type="checkbox"/>

Applicant name:		Date:	
Applicant signature:			
Practice representative name:		Date:	
Practice representative signature:			