

# NZHPA Mental Health Special Interest Group (SIG) Study Grant Application Form



## A. PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title (Mr/Mrs/Ms/Other): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Year of joining NZHPA: \_\_\_\_\_ Year of joining MHSIG: \_\_\_\_\_

## B. PROFESSIONAL QUALIFICATIONS *(including postgraduate study)*

Qualification (and any relevant details)	Date Qualified
Registration as a pharmacist	

## C. WORK EXPERIENCE

Current position: \_\_\_\_\_ Year appointed: \_\_\_\_\_

Place of work/Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Please list previous employment/experience (last five years) that may be relevant to this application:

Position	Employer	Dates

**D. PROPOSED COURSE OF STUDY**

Provide full details of the course or conference:

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Date course/conference commences: \_\_\_\_\_ Duration: \_\_\_\_\_

Location/venue: \_\_\_\_\_ Organisation: \_\_\_\_\_

**E. FUNDING AND EXPENSES**

Activity	Details	Estimated Cost
Course/Conference Fees		\$
Travel		\$
Accommodation		\$
Other		\$
<b>Estimated total cost:</b>		\$

Is your employer contributing to the cost? (please circle): YES NO

If yes, state amount: \$ \_\_\_\_\_ (please also attach evidence of this to the application)

Provide full details of other proposed or confirmed funding:

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**F. REFEREES**

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Please provide details of a referee who is willing to support this application (preferably your line manager):

Name	Designation	Email	Phone

**G. CAREER INTENTIONS AND KNOWLEDGE SHARING**

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**What are your reasons for wanting to complete this course/attend this conference?**

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**What impact do you expect this course/conference to have on your professional practice?**

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**How do you propose to share your knowledge with other pharmacists?**

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**What are your career aspirations?**

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## H. DECLARATION AND SIGNATURE

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- Application for this grant should be made in conjunction with reading the NZHPA MHSIG Study Grant Rules, please tick to confirm that you have read these rules.

***Excerpt from the NZHPA MHSIG Study Grant Rules***

18) Applicants who receive the grant in advance will be required to re-pay the grant to the Mental Health SIG if any of the following situations arise:

- a) The successful applicant does not successfully complete the course within the required time frame,
- b) The successful applicant leaves the New Zealand pharmacy workforce within two years of the grant being awarded.

Requirement to re-pay the grant will take into account extenuating circumstances and will be at the discretion of the NZHPA Executive.

I, \_\_\_\_\_ (full name) have read and understood rule 18 (duplicated above) of the NZHPA MHSIG Study Grant Rules and agree to reimburse the MHSIG should any of the above criteria be fulfilled.

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

Date: \_\_\_\_\_

**Please complete this form and return to:**

The Administrator

NZ Hospital Pharmacy Association

[www.nzhpa.org.nz](http://www.nzhpa.org.nz) | 0204 021 8887 | [nzhpa@nzhpa.org.nz](mailto:nzhpa@nzhpa.org.nz)