

**WELLINGTON GENERAL PRACTICE RESEARCH TRUST
POSTGRADUATE STUDY FEES SCHOLARSHIPS
APPLICATION FORM**

Applicant's name:

Please **PRINT** your answers clearly on the application form using a black biro or pen.

Please only **STAPLE** your application (including attached documents) once in the top left-hand corner.

The closing date each year is: **October 31st**

Return the application form to, or, if you have any questions, please contact

Postgraduate Coordinator
WGPRT Postgraduate Study Fees Scholarship
Department of Primary Health Care and General Practice
Wellington School of Medicine Health Sciences
Box 7343 Wellington South
Wellington 6242

1. Personal details

a) Miss Ms Mrs Mr Dr

b) Last name:

c) First name(s):

d) Preferred name:

e) Postal address:

f) Home phone: Work phone: Mobile:

Fax: E-mail address:

2. Proposed course of study

Masters

PhD

3. Former applicants

Have you received a CGPT Postgraduate Fees Scholarship previously?

Yes

No

If the answer is yes, please state which year

4. Full time/Part time status

How many hours per week on average do you expect to devote to your thesis project?

Tick the boxes, which would apply to you if you were awarded a scholarship.

Full-time employee Part-time employee Self employed
Full-time student Part-time student

What is your current occupation

5. Declaration of other funding?

Have you applied for or been awarded an Otago University Postgraduate Scholarship (PhD) or Postgraduate Award (Masters)?

Applied for Awarded N/A

6. Documentation checklist

Please check you have provided copies of all the following documentation.

1. A copy of your current Practising Certificate.
2. A current CV
3. If you have already been notified of admission to your degree, please attach a copy. If you have not yet been notified please attach a copy of your application for admission, and send a copy of your notification of admission as soon as it is received.
4. If you have previously held a WGPRT Postgraduate Fees Scholarship please attach a signed report from your academic supervisor detailing the progress of your thesis to date.
5. A copy of your thesis proposal, which should follow the prescribed format but with the addition of a section in which you explain how your thesis project contributes to Primary Health Care in New Zealand.

I understand that if the supporting documentation is NOT attached, my application may not be considered.

7. Statistical information

Which ethnic group do you belong to?

New Zealand European Cook Island Māori
Māori Tongan
Samoaan Niuean

Chinese

Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Category of primary health care professional

General practice: practice nurse/general practitioner

Third sector primary health care setting: nurse/general practitioner

(ie union health; PHO salaried position)

Other primary health care setting: nurse/doctor

Other PHO salaried nurse/doctor (SIA, Access) Youth health nurse/doctor

Māori health nurse/doctor Pacific Health nurse/doctor

Nurse/doctor working in a rural setting Family planning/sexual health nurse/doctor

Occupational health nurse/doctor Nurse practitioner in primary health care

Nurse/doctor educator at tertiary institution Other (please specify).....

Employer

Community trust DHB

General practitioner Local/regional private organisation

PHO/IPA National organisation (e.g. Plunket, Family Planning)

Māori provider Pacific provider

Nursing agency Self-employed

Public health services Other (please specify).....

Tertiary institution

8. In which District Health Board area do you practise?

9. Declaration

I declare that all of the information supplied in support of my application is accurate at the date of signing, that the supporting documentation is enclosed, and that I will notify the Postgraduate Administrator if a change of thesis topic has been approved by Otago University or if I withdraw from my thesis project during the academic year.

Applicant's signature _____ Date:

Office Use only:

Application No: _____

Application Received: _____ Acknowledgement letter/email sent: _____

Letter Accept/Declined sent: _____