# Pinnacle Nursing Scholarship

# Application form 2023

Thank you for your interest in the Pinnacle Nursing Scholarship Award. We’re keen to receive your application. All applications must be received by **Friday, 25 August 2023**. Once it has been received and basic requirements have been met, you will be invited for an interview to explore your proposal in more detail.

**Your name:** ………………….………………….………………….………………….………………….………………….…………………

**Your place of work:** ………………….………………….………………….………………….………………….………………….……

**Your contracted hours of employment:** ……………………………………………………………………………………………

**Your clinical role:** ………………….………………….………………….………………….………………….………………….…………

**Outline of proposed project (please attach)**

In no more than 500 to 700 words, please tell us about the project you wish to undertake with scholarship funding. This must include how you have identified the issue or need, the expected outcomes and what you aim to learn that may not be already known. Please demonstrate the following points in your submission.

* How will the project influence or impact on improving access to primary care and/or closing the health equity gap?
* How do you propose to use the scholarship money?
* How could this project benefit your peers in service delivery?
* How would you share project outcomes with your practice team, professional networks, and the wider Pinnacle network?
* What support will you need for potentially publishing the outcomes of your project?
* What support will you need from the practice and/or Pinnacle to make your project successful?
* What timeframe do you require to start, finish, and evaluate the project outcomes?

**As a condition of accepting a scholarship you will be required to:**

* provide project updates as agreed with Pinnacle - you will be assigned a contact person to support you during the scholarship year
* share the learning from the project across the Pinnacle network - this may include a short presentation at our Pinnacle nursing conference and peer groups
* reimburse the organisation should you choose to leave your employment during the term of your scholarship.

Do any of these conditions present a problem to you? Yes/No (If yes, why?)  
  
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Signature of applicant: .................................................................................................................

Date: ……………………………………..

Signature of practice owner/manager (n/a if practice owner applying): …………………………………………….