

(Reg. Charity 1057749)

**NORMA N. GILL
FOUNDATION**

**ENTEROSTOMAL
THERAPY
NURSING EDUCATION
PROGRAMME
(ETNEP)
SCHOLARSHIP**

Application Form

Revised November 2005(2)

ENTEROSTOMAL THERAPY NURSING EDUCATION PROGRAMME (ETNEP)
SCHOLARSHIP

Information for Applicants - Please read before completing the form.

The maximum amount which may be awarded is \$ 4000 US.

Preference will be given to applicants from developing countries.

Please allow at least three (3) months for your scholarship application to be processed.

Selection of candidates for the scholarship is non-discriminatory.

A committee member of the Norma N Gill Foundation may apply for a scholarship. Any committee member who applies for a scholarship will stand down from the committee that considers his/her application. In other circumstances, where a committee member has a conflict of interest, he or she will stand down from the committee determining that particular scholarship application. If, in the opinion of other committee members there is a potential conflict of interest if a member sits on the committee determining a scholarship application, the committee member will stand down for that application only.

To be eligible for an ETNEP scholarship, you must :

1. Be an associate member of WCET. If you are not already a WCET member, please return the completed membership form with payment. If you are in financial difficulties, please request an application form for a Membership Scholarship.
2. Be a registered nurse with at least two years' postgraduate experience, preferably in the surgical field or a related community area.
3. Submit certified true copies verifying your professional status (e.g. graduation certificate, professional license, employment letter from the hospital).
4. Be working in an ET Nursing position or intending to do so after completion of the ETNEP.
5. Be accepted by an ETNEP which is recognized by the WCET. If participation in the program is dependent on financial support, you may ask the school to hold your place on the program until you have obtained the necessary funds. A letter showing that you have been accepted for the ETNEP must be sent with the application form. No retrospective applications (after completion of the ETNEP) will be accepted.
6. Obtain an official letter from your nursing director acknowledging support for your participation in the ETNEP and assuring continued support for ET nursing in your place of work.

7. Complete the attached Scholarship Agreement form.
8. Try to obtain other financial assistance, as the amount of the NNGF Scholarship may not be enough to cover all your expenses. *Your application will be considered more favourably if you have made the effort to seek financial assistance elsewhere.* The written replies to your requests must be sent with your application.
9. Obtain written confirmation of each of your expected expenses (airfare, passport/visa fees, accommodation, etc.) and send them with your application form (see question 19). *No payment will be made until these documents have been received.*

When completing the application form, please type or print clearly. Return your completed application form with all of the supporting documents listed to:

World Council of Enterostomal Therapists Central Office

c/o Nicole Stifnagle, Director of Operations

15000 Commerce Parkway

Suite C

Mount Laurel, NJ 08054

USA

YOU MAY SEND BY PRIORITY OR REGISTERED MAIL

Telephone: 856-437-0386

Fax: 856-439-0525

e-mail: wcet@ahint.com

IMPORTANT

THIS APPLICATION WILL NOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY:

- Certified true copies of your professional status**
- Letter confirming acceptance for the ETNEP**
- Official letter from your nursing director acknowledging support for your participation in the ETNEP and continuing support afterwards**
- Letters showing the results of your other applications for financial assistance**
- Completed Scholarship Agreement form**
- If you are not already a member of WCET, membership application form together with payment.**
- Official estimates of your expenses, such as airline tickets, visa/passport fees, accommodation costs, etc.**

****NOTE: All documents must be sent in English.**

ETNEP SCHOLARSHIP APPLICATION FORM

(Please type or print clearly)

1. Date : _____

2. Miss, Mrs., Ms, Mr.

Last name : _____ First name : _____

3. Date of birth : _____

4. Address for correspondence : _____

5. Email for correspondence : _____

6. Telephone number (work) : _____ (home) : _____

7. Fax number (work) : _____ (home) : _____

8. Main language : _____

9. Other languages (spoken / written) : _____

10. Degree /diplomas

Degrees /diplomas	Institutions	Dates

11. Present occupation and work position : _____

12. Name and address of employer : _____

13. Name of the ETNEP which has confirmed acceptance : _____

14. Name and address of your contact person at the ETNEP : _____

Email : _____

Telephone number : _____ Fax number : _____

15. Dates of the ETNEP which you wish to attend :

From : _____ To : _____

16. Is there an ETNEP in your country which is recognized by the WCET? If so, please explain why you are not taking this programme : _____

17. Have you already received a membership scholarship from the Norma N Gill Foundation?

If so, for what year(s)? _____

If not, from whom did you receive information about the NNGF scholarships?

Commercial Source – Name : _____ Country : _____

WCET Journal

ET Nurse (name): _____ Country : _____

ETNEP Director (name) : _____ Country : _____

Other, Please specify name and address : _____

18. Other requests made for financial assistance :

SOURCE	SPECIFY	AMOUNT CURRENCY (e.g. US\$ or GB£)
Employer		
Hospital/University		
Cancer society		
ET nursing association (local, national)		
Ostomy association		
Charity organisation (eg. Lions, Rotary)		
Industry (specify)		
Other (specify)		
TOTAL FUNDS RECEIVED		

19. Details of expenses :

TOTAL EXPENSES	AMOUNT CURRENCY (e.g. US\$ or GB£)
Travel (economy class round trip) - Air - Rail - Road	
Passport / Visa fee	
ETNEP tuition	
Accomodation	
Books	
Other expenses (specify)	
TOTAL EXPENSES	
OTHER FINANCIAL ASSISTANCE OBTAINED (question 18)	- ()
TOTAL AMOUNT REQUESTED	

20. Describe the need for ET nursing in your country (for example, the population of your country and the number of ET nurses) : _____

21. How great is the need for ET nursing in your place of work? (for example, the population served by your institution or community, the distance away from you of the closest ET

nurse, the number of beds, the number of ostomy operations per year, the number of wound and/or incontinence patients referred to you per year) : _____

22. After completion of the ETNEP, how will you use the knowledge acquired, and how will it enhance your ET nursing practice? _____

23. After completion of the ETNEP, what percentage of your time will you be spending on ET nursing? _____

24. Describe your current and/or past involvement in WCET _____

ETNEP SCHOLARSHIP AGREEMENT FORM

I, **(Print Name in Full)** _____

hereby agree to the following conditions if I am awarded an ETNEP scholarship:

- a) In the event that I am unable to attend the ETNEP after receiving the NNGF ETNEP Award, all money awarded to me will be returned to the Norma N. Gill Foundation.
- b) I shall submit to the NNGF chairperson, within three (3) months of completing or participating in the ETNEP, a written personal profile not exceeding 500 words and a clinical paper. The clinical paper may be the paper written as part of the ETNEP.
- c) I agree to my clinical paper being submitted for possible publication in the WCET Journal.
- d) I agree to the NNGF paying all or part of the award directly to the ETNEP director and to the airline. If I require funding for other expenses, I guarantee to send all receipts to the NNGF within three (3) months of completing or participating in the ETNEP.
- e) I intend to stay in my country after completion of the ETNEP. I shall submit to the NNGF chairperson, one year after completion of the ETNEP, a written report not exceeding 500 words, explaining how I have made use of my ET nursing training.

Signature: _____ Date: _____

Bank Draft to be made payable to:

Name: _____

Address : _____

Bank Transfer details:

Name: _____

Bank : _____

Branch : _____

Address : _____

Sort Code : _____

Account Number : _____

Account Name : _____