

(Reg. Charity 1057749)

**NORMA N. GILL
FOUNDATION**

**CONGRESS TRAVEL
SCHOLARSHIP**

Application Form

Revised November 2005(2)

CONGRESS TRAVEL SCHOLARSHIP

Information for Applicants - Please read before completing the form.

The amount which may be awarded is at the discretion of the Norma N Gill Foundation.

Preference will be given to applicants from developing countries.

**This scholarship may not be awarded to the same nurse more than once every 6 years
(once every three congresses).**

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

No applications received after the early registration date will be considered.

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 a Congress Travel scholarship, you must be a registered nurse and :

1. Have completed an ETNEP recognised by the WCET
OR
Have responsibility for ET nursing within your hospital / community
OR
Have a specific interest in developing ET nursing within your country.
A nurse who is not a member of WCET may apply for this scholarship on condition that he / she become a member and agree to remain a member for three (3) years following the year in which congress is held. If you are not yet a member of WCET, a membership application form will be sent to you with this application form.
2. Obtain an official letter from your nursing director acknowledging your responsibility for ET nursing within your hospital / community, supporting your attendance at congress and assuring continued support for ET nursing in your place of work.
3. Submit certified true copies verifying your professional status (e.g. graduation certificate, professional license, employment letter from the hospital).

4. Submit a paper / video / poster for presentation at congress and / or submit, within three (3) months following congress, a paper for possible publication in the WCET journal.
5. Complete the attached Scholarship Agreement form.
6. 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.
7. 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**
- Official letter from your nursing director acknowledging support for your attendance at congress 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.**

CONGRESS TRAVEL 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 (including ETNEP, if completed)

Degrees /diplomas	Institutions	Dates

11. Present occupation and work position : _____

12. What percentage of your time do you spend on ET nursing? _____

13. Name and address of employer : _____

14. If not practicing as an ET nurse, explain your specific interest in developing ET nursing in your country : _____

15. Have you already attended a WCET congress?

If yes, year(s) of congress(es) attended ? : _____

Who financed your attendance? : _____

16. Do you intend to present a paper / video / poster at congress?

If yes, has it been accepted? yes / no

What is the title? _____

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

If so, what type(s) of scholarship and in 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	
Congress registration fee	
Accommodation	
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 many nurses from your country will be attending congress? _____

22. 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) : _____

23. How will attending congress stimulate the growth and development of ET nursing in your country? How will you use the knowledge acquired, and how will it enhance your ET nursing practice? _____

24. Describe your current and/or past involvement in WCET, if applicable : _____

CONGRESS TRAVEL SCHOLARSHIP AGREEMENT FORM

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

hereby agree to the following conditions if I am awarded a Congress Travel scholarship:

a) In the event that I am unable to attend the Congress after receiving the NNGF Congress Travel award, all money awarded to me will be returned to the Norma N. Gill Foundation.

b) I shall submit a paper / video / poster for presentation at congress

and / or

I shall submit to the NNGF chairperson, within three (3) months following congress, a written personal profile not exceeding 500 words and a clinical paper. The paper may be that presented at congress.

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 congress organisers and to the airline, where necessary. If I require funding for other expenses, I guarantee to send all receipts to the NNGF within three (3) months of attending congress.

e) I agree to become a member of WCET, and to remain a member for three years following the year in which congress takes place.

Signature: _____ Date: _____

Name: _____

Address : _____

Bank Transfer details:

Name: _____

Bank : _____

Branch : _____

Address : _____

Sort Code : _____

Account Number : _____

Account Name : _____