



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceton.org

Reg. Charity 1057749

Norma N Gill Foundation

Membership Scholarship

Application Form

Revised November 2005

MEMBERSHIP SCHOLARSHIP

Information for Applicants - Please read before completing the form:

- ◆ The amount which may be awarded is US\$ 40, ED 40 or £20.
- ◆ Preference will be given to applicants from developing countries.
- ◆ 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.



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To be eligible for a Membership scholarship, you must:

1. Be eligible for associate or full membership in WCET.
2. Be a registered nurse.
3. Try to obtain other financial assistance. *Your application will be considered more favourably if you have made the effort to seek financial assistance elsewhere.*

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

World Council of Enterostomal Therapists
Central Office
Box 48099
60 Dundas Street East
Mississauga, Ontario
Canada L5A 1W4

DO NOT SEND BY COURIER

YOU MAY SEND BY PRIORITY
OR REGISTERED MAIL

Telephone: 905 848 9400
Fax: 905 848 9413
E-mail: wcet@on.aibn.com

MEMBERSHIP 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 _____



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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. Are you actively involved in ET nursing in your hospital / community? _____

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



14. Name and address of employer _____

15. Have you already received a membership scholarship(s) from the Norma N Gill Foundation?

Yes _____ No _____ If so, for what year(s)? _____

16. If you have already received a membership scholarship from the Norma N Gill Foundation, please explain what use you made of your WCET membership during the year for which you were a member

17. Have you already received a scholarship from the Norma N Gill Foundation? Yes _____ No _____

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 _____



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

19. 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		

20. Type of membership required:

- Full: a registered nurse who has undertaken an ETNEP recognised by the WCET **OR** a person accepted into full membership as of August 14, 1980
- Associate: any person holding a valid license in an allied health profession

Signature _____ Date _____