# Scholarship appeal application form

Please complete this form for your application to be assessed by the Appeal Review Panel. It is recommended that you review the Scholarship Appeal Process document prior to completing this Scholarship Appeal Application Form. All documents can be viewed on the Chief [Nursing and Midwifery Office website](http://ww2.health.wa.gov.au/Careers/Occupations/Nursing-and-midwifery/Scholarships-and-financial-assistance/Scholarships/Important-information-for-scholarships).

**Demographics**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Last Name: |  | |
| Address Line 1: |  | |
| Address Line 2: |  | |
| Suburb/ Town: |  | |
| State: |  | Postcode |
| Contact Number |  | |
| Mobile number: |  | |
| Email: |  | |

**Appeal application questions**

|  |  |
| --- | --- |
| What scholarship are you applying for? | **Initial registration scholarship**   * Enrolled Nurse * Enrolled Nurse to Registered Nurse conversion * Registered Nurse * Midwife * Registered Nurse and Midwife Dual Degree   **Postgraduate scholarship**   * Enrolled Nurse Specialisation * Registered Nurse Specialisation * Midwife * Master of Nursing (Nurse Practitioner)   **Other scholarships**   * Renewal of Registration * Enrolled Nurse Intravenous Therapy and Medication Administration Scholarship * Postgraduate Enrolled Nurse Specialisation Scholarship |

Please provide additional information as to why you wish to appeal the unsuccessful decision made about your scholarship application.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Submission of appeal application**

Once you have completed your Scholarship Appeal Application Form, please email it with any supporting documents to [nmo.scholarships@health.wa.gov.au](mailto:nmo.scholarships@health.wa.gov.au). The appeal application must be received within 30 days from the date issued on the applicant’s letter of outcome.

It is recommended that you review the Scholarship Appeal Process document available on the [important information for scholarships](http://ww2.health.wa.gov.au/Careers/Occupations/Nursing-and-midwifery/Scholarships-and-financial-assistance/Scholarships/Important-information-for-scholarships) webpage.

For all scholarship and or appeal queries, please contact Rebekah Totino, Program Officer, Nursing and Midwifery Office directly on (08) 6373 2272 or email [nmo.scholarships@health.wa.gov.au](mailto:nmo.scholarships@health.wa.gov.au).

**Criteria**

Please confirm that you have read and understand the criteria below:

* I understand that the appeal process is based and granted on the information provided in this application.
* I have read the Scholarship Appeal Process document and understand the process involved
* I understand if the Scholarship Appeal Application Form is incomplete, then the appeal application will not be reviewed by the Appeal Review Panel.
* I understand that the decision from the Chief Nurse and Midwifery Officer is final.

I confirm that the information provided in this form is true and correct:

Signature:

Date:

**[](http://www.healthywa.wa.gov.au/)**

**This document can be made available in alternative formats   
on request for a person with a disability.**

© Department of Health 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.