

**NSW HEALTH RHODANTHE LIPSETT POSTGRADUATE  
MIDWIFERY SCHOLARSHIP APPLICATION FORM**



To be eligible for this scholarship you must be a member of the Congress of Aboriginal & Torres Strait Islander Nurses & Midwives (CATSINaM)

Please write clearly in black ink and in block letters. Place a cross (X) in the appropriate boxes.

**PERSONAL DETAILS:**

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ARE YOU OF ABORIGINAL and/or TORRES STRAIT ISLANDER ORIGIN?**

- Yes, Aboriginal       Yes, Torres Strait Islander  
 No       Yes, Aboriginal & Torres Strait Islander

What is the name of the facility where you work? \_\_\_\_\_

Are you working:     Full-time     Part-time     Casual

**COURSE INFORMATION:**

Name of Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

**NSW HEALTH RHODANTHE LIPSETT POSTGRADUATE  
MIDWIFERY SCHOLARSHIP APPLICATION FORM**



What date did you/will you commence your studies? (DD/MM/YEAR): \_\_\_\_\_

What date do you anticipate completing your studies? (DD/MM/YEAR): \_\_\_\_\_

Have you previously received a NSW Aboriginal Nursing & Midwifery Cadetship?  No  Yes

If 'yes', year received (DD/MM/YEAR): \_\_\_\_\_

Would you be interested in joining the NSW Aboriginal Nursing & Midwifery Network?

No  Yes

If yes, your information will be placed on our database and further information will be forwarded to you including information about the NSW Aboriginal Nursing & Midwifery Strategy.

Upon receipt of this scholarship your registration to this year's CATSINaM conference will also be paid.

*Terms and Conditions Acknowledgement – I have read and understand the terms and conditions associated with this scholarship, as found on the Nursing and Midwifery Office website:*

<https://www.health.nsw.gov.au/nursing/scholarship/Pages/rhodanthe-lipsett-scholarship.aspx>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure you have the following:

- Completed all areas of the application form
- Attached a copy of my official University enrolment
- Attached a copy of my previous results (if applicable)
- Confirmation of Aboriginality
- Copy of Resume

Please send your completed application to:

Post:

Nursing & Midwifery Office  
NSW Ministry of Health  
Locked Mail Bag 961  
NORTH SYDNEY NSW 20259

Email:

[MOH-AboriginalNursing@health.nsw.gov.au](mailto:MOH-AboriginalNursing@health.nsw.gov.au)