



Tertiary Programme Study Leave Form

(Tertiary education organisations include universities and polytechnics)

Section A of this form is used by Waikato DHB employees to apply for study leave to attend a tertiary programme, and for nurses and midwives to apply for post graduate clinical release leave.

Section B of this form is used by registered nurses and midwives seeking Health Workforce New Zealand (HWNZ) Investment Relationship and Purchasing (IRP) post graduate nursing funding training (formerly called CTA Funding).

A. APPLICANT (please print clearly)

Name:

Position title:

Employee number:

Work address:
(including ward/unit/cluster/site)

Full time / part time hours. If part time specify contracted hours per fortnight or FTE, e.g. 72 hrs or .9 FTE

Email:

Phone contact numbers:
(work / home or mobile):

Current programme of study: undergraduate (e.g. bachelor degree), graduate (e.g. graduate certificate), post graduate (e.g. post graduate certificate, post graduate diploma, masters, masters with prescribing).

Educational / tertiary institution:

Post graduate qualifications already gained:

Previous papers completed in current programme

Code	Points	Title	Results	Date completed

Proposed papers for next year

Code	Points	Title	Dates and days	Contact hours e.g. lecture, online hours	Semester (specify A or B or both or summer school)

Applicant's signature: _____ Date: _____
(supporting information regarding the programme and application to practice can be attached)

Line manager endorsement

Support leave being approved (in accordance with Waikato DHB guidelines) Yes No

Service delivery not compromised if leave approved? Yes No

Papers fit with performance review goals? Yes No

Papers relevant to service and organisation and will be used in practice Yes No

Name: _____ Signature: _____ Date: _____

Nurse manager and if applicable unit/operation manager endorsement

Name: _____ Signature: _____ Date: _____

Authorisations:

1. Professional

Professional advisor (where applicable) e.g. clinical nurse / midwife director. Papers relevant to practice / professional development

Name: _____ Signature: _____ Date: _____

2. Manager or delegated person (Waikato DHB Level 3, 4 or 5 delegation of authority. Leave hours authorised in accordance with the Waikato DHB tertiary programme guidelines, or HWNZ training fund contract).

N.B. Verification of results will be sought for entry into the Human Resource Information System.

Approved as follows: Declined Reason: _____

Study leave on pay: _____ hours Period of time: _____

Name: _____ Signature: _____ Date: _____

B. POST GRADUATE NURSING AND MIDWIFERY FUNDING APPLICATION FORM This section is only completed by registered nurses and midwives employed with the Waikato District Health Board applying for Health Workforce Investment and Purchasing post graduate nursing training funding (formerly called Clinical Training Agency - CTA funding).

Applicant information

Name: _____ DOB: / / Health practitioner registration number: _____

Is the name which appears on your Annual Practising Certificate (APC) the same as above? Yes No

If no, what name is on the APC?

Iwi (if applicable): _____ Ethnicity: _____

If you have identified yourself as Māori / Pacific Islander would you like further information on cultural mentoring / supervision?
Yes No

In which year will your present qualification be completed? _____

Have you applied for or received any other funding or scholarship toward this study? Yes No

If yes give details:

Will you be claiming travel for this paper? Yes No
(To be eligible you have to travel 100kms or more to your tertiary provider)

Applicant agreement:

- I agree to trainee information being provided to HWNZ.
- I will write to the post graduate nurse coordinator to advise of any changes in my enrolment.
- I permit and authorise Waikato DHB to contact the tertiary institution I am studying at, or have studied at, to seek confirmation of my course completion and grade.

Signature: _____ **Date:** _____