



**Dorothy Edwards Education Fund Application
(For Midwifery Staff)**

The Our Kids Board has established the Dorothy Edwards Education Fund with funding from Mr Noel Edwards in memory of his wife, Dorothy Edwards, who was NUM of Midwifery at the Lismore Base Hospital for many years. This fund is to provide funds for continuing professional development for nursing staff of the NNSWLHD who work with midwifery patients.

The aim is for the applicant is to attend a course/conference to benefit their own professional development, support the growth of education and build excellence in the care of midwifery patients in our area.

Name	
Address	
Contact Number	
Email	
Current position & start date	
Areas worked in midwifery	
LHD Site	
Name of course/conference	
Name of CPD provider	
Website Link for Course	
Date/s of course/conference	
Location	
Is this course mandatory/recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
If mandatory, have you applied to the LHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for CPD Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes' Please provide details.	
Total amount of funds requested	
Date submitted	

Registration fee	
Airfares or Km claimed	
Accommodation costs	
Please include a quote for travel from your hospital Travel Centre	

* Please attach supporting documentation for the above claim

Selection criteria

How will your course/conference benefit:

- your nursing practice
- your longer term goals
- your Midwifery patients

Previous professional development

List relevant CPD activities undertaken during the past 3 years which demonstrate your commitment to your own CPD.

Terms of application

The successful applicant will be required to present an In-service and provide a 1 page report from their course/conference.
Possible media opportunity with Our Kids

Do you agree to these terms? _____

Applicants Name: _____

Signature: _____ Date _____

Midwifery Unit Manager: _____

Signature: _____ Date _____

Midwifery Clinical Nurse Educator: _____

Signature: _____ Date _____