



**Our Kids Paediatric Education Fund Application
(For Paediatric Nursing & Allied Health Staff)**

The Our Kids Board has established the Our Kids Paediatric Fund. This fund is to provide funds for continuing professional development for nursing and Allied Health staff of the NNSWLHD who work with paediatric 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 paediatric patients in our area.

Name	
Address	
Contact Number	
Email	
Current position & start date	
Areas worked Paediatrics	
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.	

Registration fee	
Airfares or Km claimed	
Accommodation costs	

* Please attach supporting documentation for the above claim

Selection criteria

How will your course/conference benefit:

- your nursing practice
- your longer term goals
- your paediatric 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: _____

Paediatric NUM: _____

Signature: _____ Date: _____

Paediatric Clinical Nurse Educator: _____

Signature: _____ Date: _____

If you are not a Paediatric Nurse please have your Line Manager approve and support your application by them completing the following;

Line Managers Name	
Line Managers Contact Number	
Line Managers Email	

Line Manager Comments

Line Manager Signature: _____