

**NORMA N. GILL FOUNDATION  
ENTEROSTOMAL THERAPY NURSING EDUCATION PROGRAM  
RECOGNISED EDUCATION PROGRAM (ETNEP/REP)  
SCHOLARSHIP APPLICATION**

**Information for Applicants - Please read before completing the form**

- This application will be subjected to review by the WCET™ NNGF Committee and approval by the WCET™ Executive Board.
- The application which is submitted less than 8 weeks prior to the start of the program will not be processed. Incomplete applications will not be considered.
- You will be notified within 8 weeks of receipt of the completed application form and accompanying documentation of a decision.
- WCET™ reserves the right to award full or partial amount of scholarship award being sought.
- The scholarship maximum amount which may be awarded is £4000.
- There are limited funds available for scholarships, WCET™ are required to share the opportunity, with fair distribution around the world, therefore not all scholarship applications will be successful. Please consider also applying for funding from additional sources other than NNGF.

**Essential Eligibility Criteria**

Registered Nurse with minimum 2 years post graduate clinical experience  
Member of the WCET™

- If not currently a member please join before applying for this ETNEP/REP scholarship
- Membership scholarships are available.
- Application for a membership scholarship in addition to an ETNEP/REP scholarship will not harm this application

**This completed application form should be accompanied with:**

- Certified copy of your nursing qualification
- Documentation confirming acceptance into ETNEP/REP
- Documentation from your employer that they support your participation in ETNEP/REP
- Documentation of any evidence of applying for financial assistance from other sources
- Completed/signed NNGF Scholarship Agreement form
- A personal/professional profile not exceeding 500 words detailing why you want to do this ETNEP/REP and how this will benefit yourself, your organization and your community
- Documentation of estimated travel and accommodation costs in addition to tuition costs

Please submit all by **email** to: [admin@wcetn.org](mailto:admin@wcetn.org) and [nngf@wcetn.org](mailto:nngf@wcetn.org)

or via priority or registered mail to:

WCET™  
c/o Jennifer Wood, WCET™ Director of Administration  
1000 Potomac Street NW  
Suite 108  
Washington, DC 20007  
USA

**APPLICATION FORM****Applicant Information**

1. Full Name:
2. Title:     Mr.         Mrs.         Ms.         Miss         Dr.
3. Date of Birth:
4. Email Address (for WCET™/NNGF correspondence):
5. Telephone (including country and area code):
6. Fax (if you have one):
7. Full Postal Address:
8. Employment:
  - a. Employer Name:
  - b. Employer Address:
  - c. Employer Email:
9. Qualification(s):

Name of Degree/Diploma/Certificate	Name of Institution	Year Completed

**ETNEP/REP Information**

10. Country of ET Nursing Program (ETNEP/REP):
11. Name of ETNEP/REP:
12. Name of institution coordinating/administering the ETNEP/REP:
13. Name and title of ETNEP/REP Director/Administrator:
14. ETNEP/REP Director email address:
15. Postal address of ETNEP/REP:
16. ETNEP/REP Telephone (including country and area code):
17. ETNEP/REP Fax (including country and area code):

**ETNEP/REP Information (continued)**

18. Theoretical tuition costs:

- a. In local currency:
- b. In GBP:

19. Clinical tuition costs:

- a. In local currency:
- b. In GBP:

20. Total costs of ETNEP/REP:

- a. In local currency:
- b. In GBP:

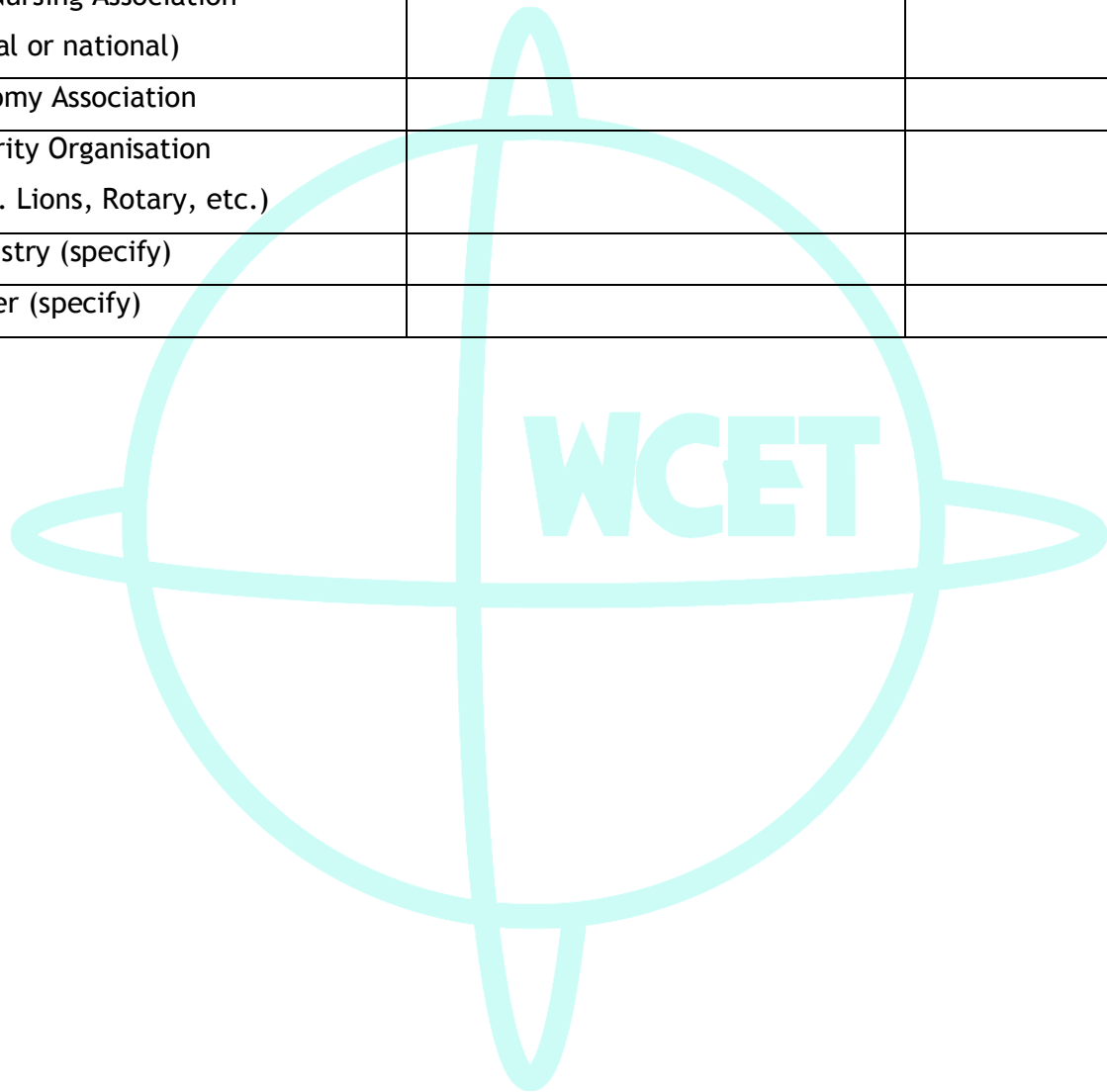
21. Qualification to be granted upon completion of program:

22. Details of expenses:

Total Expenses	Amount in local currency	Amount in GBP
Travel (economy class round trip)		
Air		
Rail:		
Road:		
Passport/Visa Fees:		
ETNEP/REP Tuition:		
Other expenses (specify):		
<b>Total Expenses:</b>		
<b>Other Financial Assistance Obtained: (refer to question #24)</b>		
<b>Total Amount Requested from NNGF Scholarship:</b>		

23. Detail other source(s) of funding you have acquired or applied for:

Source	Details	Amount (Indicate currency GBP)
Employer		
Hospital/University		
Cancer Society		
ET Nursing Association (local or national)		
Ostomy Association		
Charity Organisation (e.g. Lions, Rotary, etc.)		
Industry (specify)		
Other (specify)		



## ETNEP/REP SCHOLARSHIP AGREEMENT FORM

I, Print Full Name, hereby agree to the following conditions if I am awarded an ETNEP/REP Scholarship:

- a. In the event that I am unable to attend the ETNEP/REP after receiving the NNGF ETNEP/REP Award, all money awarded to me will be returned to the Norma N. Gill Foundation.
- b. I shall submit to the NNGF chairperson, within three (3) months of completing or participating in the ETNEP/REP, a clinical paper. The clinical paper may be the paper written as part of the ETNEP/REP.
- c. I agree to my clinical paper being submitted for possible publication in the WCET™ Journal or Bulletin
- d. I shall submit to the NNGF chairperson, one year after completion of the ETNEP/REP, a written report not exceeding 500 words, explaining how I have made use of my ET nursing training.
- e. I agree to the NNGF paying all or part of the award directly to the ETNEP/REP director and to other service providers such as airline and accommodation
- f. I intend to work in my country after completion of the ETNEP/REP.

Signature:

Date: