

# COVID Vaccination Immunisation Scholarships EOI 2024

## Form Preview

### Expression of Interest Registration Information

\* indicates a required field

#### Registration Information

This is the registration information for those expressing interest in receiving one of the 100 available scholarships for:

South Australian Health Department's Centre for Education and Training's Immunisation Learning Course - **Understanding Vaccines and the National Immunisation Program (HESA Accredited)**

The course details can be viewed at:

[Understanding Vaccines and the National Immunisation Program<br>\(HESA Accredited\) - Immunisation Learning Courses \(sahealth.sa.gov.au\)](https://sahealth.sa.gov.au/Understanding-Vaccines-and-the-National-Immunisation-Program-(HESA-Accredited)-Immunisation-Learning-Courses)

To apply, you must be one of the following:

- - Registered Nurse
- - Enrolled Nurse allowed to administer medicines
- - Aboriginal Health Practitioner

(excluding LHD employed nurses) **and**

working in the Hunter, New England and Central Coast region (the geographical area covered by the PHN. Click here to view the [map](#).)

The scholarships are being awarded on a first in basis to eligible applicants.

Note that a waitlist will be taken once the allocation has been exhausted and if any scholarships become available (eg. through drop out), they will be offered to the next available person on the waitlist.

If allocated a scholarship and personal or special circumstances prevent you from starting or completing the course within the designated timeframe, you will need to discuss your options with PHN immediately.

**Please ensure you read the full guidelines [here](#).**

The information in this registration form will be used in your Letter of Agreement if successful.

Please ensure you enter the correct details, including punctuation.

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If you have any questions, please contact [grants@thephn.com.au](mailto:grants@thephn.com.au) or call 1300 859 028 during business hours.

If you do contact us throughout the application process, please quote the application number below:

### Grant Application Number

This field is read only.

## COVID-19 Vaccination Vulnerable Population Scholarships

**This application to receive a scholarship to be trained in immunisation is directed towards those who are or will be working with vulnerable populations as identified in the [guidelines](#), in the Hunter New England and Central Coast area.**

**The training, once received is to be utilised to provide vaccination opportunities for COVID-19 to one or more of the vulnerable population cohorts as per the guidelines.**

**This is a condition of applying for a scholarship and will form part of the letter of agreement.**

**Please select below that you acknowledge and accept the conditions of the scholarship \***

☐ Yes ☐ No

## Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, located [here](#).

### Future Notifications

☐ I DO NOT wish to be notified of upcoming grant opportunities.

## Contact Details

\* indicates a required field

### Applicant \*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person who will be undertaking the training

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### Applicant Position \*

To be eligible you must be a registered or enrolled nurse (not employed by a LHD) or an Aboriginal Health Practitioner working in the HNECC geographical area (refer to guidelines).NOTE: All health professionals applying to enrol in the course must confirm their eligibility to immunise.

### AHPRA Number \*

### Applicant Primary Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Applicant Primary Phone Number \*

Must be an Australian phone number.

### Applicant Primary Email \*

Must be an email address.

**I hereby confirm that I am not receiving or applying for funding for this course from the Rural Doctor's Network Health Workforce Scholarship funding program or any other funding source. \***

☐ Yes

**I am able to complete the course within the required timeframe (refer to guidelines) \***

☐ Yes

## Employment Details

\* indicates a required field

### Employer \*

Organisation Name

Note that COVID-19 vaccinations that are the outcome of training through these scholarships must be provided within the Hunter New England and Central Coast region.

### Employer Primary Address \*

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Employer Primary Phone Number \*

Must be an Australian phone number.

### Employer Primary Email \*

Must be an email address.

### Does your employer have an ABN? \*

- ☐ Yes  
☐ No  
☐ Unknown

### Employer ABN

#### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## COVID-19 Vaccination Vulnerable Populations

\* indicates a required field

### Priority COVID-19 Vaccinations populations

The purpose of these scholarships is to increase the number of qualified people to deliver COVID-19 vaccinations to vulnerable populations throughout the Hunter New England and Central Coast regions.

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**Please tick the vulnerable populations who you will be providing COVID-19 vaccinations to. Please tick all that apply. \***

- ☐ Regional and remote areas
- ☐ Those experiencing homelessness
- ☐ Aboriginal or Torres Strait peoples
- ☐ Those living in social, community or supported accommodation
- ☐ Vulnerable women including those experiencing domestic and family violence
- ☐ Those who do not have a Medicare card or are not eligible for Medicare
- ☐ Culturally, ethnically and linguistically diverse people, especially asylum seekers and refugees
- ☐ Children aged 5-11 who have complex needs, who are not captured by another suitable vaccination channel
- ☐ People with a disability, including mental health conditions, or who are frail and cannot leave home (homebound individuals) and their families
- ☐ Aged Care and Disability Workers
- ☐ Older persons and those residing in aged care facilities
- ☐ Disability accommodation residents
- ☐ People who identify as LGBTIQ+
- ☐ People with drug and /or alcohol dependencies
- ☐ Any other vulnerable or at risk groups identified as requiring dedicated support to access COVID-19 vaccinations.
- ☐ Other:

At least 1 choice must be selected.  
Tick all that apply.

**In which regions will the COVID-19 vaccinations be provided? \***

- ☐ Upper Hunter Valley - Singleton / Muswellbrook / Upper Hunter
- ☐ Lower Hunter - Maitland / Cessnock / Dungog
- ☐ Mid Coast
- ☐ Newcastle
- ☐ Lake Macquarie
- ☐ Port Stephens
- ☐ Central Coast
- ☐ Mehi - Moree Plains / Narrabri / Gwydir
- ☐ Peel - Tamworth Regional / Gunnedah / Walcha / Liverpool Plains
- ☐ Tablelands - Armidale Regional / Uralla / Inverell / Glen Innes Severn / Tenterfield

At least 1 choice must be selected.  
Tick all that apply

**Why do you want this scholarship and how will this qualification be utilised in your workplace? \***

Word count:  
Must be no more than 200 words.

## Certification and Feedback

\* indicates a required field

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### Certification

**Thank you for registering for the Covid-19 Vulnerable Populations Vaccination Immunisation Scholarships.**

**I certify that to the best of my knowledge the statements made within this registration form are true and correct.**

**I also understand that:**

1. Scholarships to undertake the course are allocated on a first in basis to eligible applicants and submitting an application is no guarantee of receiving a scholarship.
2. I may be placed on a waitlist and offered a scholarship if one becomes available.
3. I understand that if personal or special circumstances prevent me from starting or completing the course within the designated timeframe or I encounter any issues during the duration of your course that may affect my successful completion, I will contact the PHN immediately.
4. I have read and understood the [guidelines](#) for this Expression of Interest.

**I agree \***

- ☐ Yes ☐ No

If successful, the information supplied in this form will be required to be shared with South Australian Health Department's Centre for Education and Training for the purpose of enrolment in this course.

Sharing of information conforms to the Privacy Policy of the PHN which can be found [here](#).

**I Agree \***

- ☐ Yes  
☐ No  
☐ Please contact me to discuss

**Date \***

Must be a date