Immunisation Course Scholarships 2026 EOI
Form Preview

Expression of Interest Registration Information

* indicates a required field

Registration Information

This is the registration information for those expressing interest in receiving an available scholarship 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
(HESA Accredited) - Immunisation Learning Courses (sahealth.sa.gov.au)

To apply, you must be one of the following:

-
  - Registered Nurse
-
  - Enrolled Nurse with completed education in medicines administration
-
  - Aboriginal Health Practitioners

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.

If you have any questions, please contact **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.

Priority Population Immunisations

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 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

This is the person who will be undertaking the training

Applicant Position (registered or enrolled nurse or Aboriginal Health Practitioner) *

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 ○ No

I confirm that if successful, I can register with the education provider within 4 weeks of notification *

○ Yes ○ No

I confirm that I am able to complete the course within 20 weeks from registration (refer to guidelines) *

○ Yes ○ No

Employment Details

* indicates a required field

Employer *

Organisation Name

Note that 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

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.

Employer's 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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Priority Vulnerable Populations

* indicates a required field

Priority populations

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

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

☐ People in rural and remote areas (including those with limited healthcare options, and those who cannot travel to a regional centre
☐ Aboriginal or Torres Strait Islander peoples
☐ Those experiencing homelessness, including those living on the streets, in emergency accommodations, boarding houses or between temporary shelters
☐ People living in public or social/community housing
☐ 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 and those in older age groups who may find it difficult to use other vaccination services
☐ Children
☐ People with a disability, including mental health conditions, or who are frail and cannot leave home (homebound individuals) and their families
☐ Older persons and those residing in aged care facilities
☐ Disability accommodation residents
☐ Aged Care and Disability Workers

☐ People who identify as LGBTIQA+
☐ People with drug and /or alcohol dependencies
☐ Any other vulnerable or at risk groups identified as requiring dedicated support to access vaccinations.
☐ Other:

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

In which regions will the 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? *

Must be no more than 200 words.

Certification and Feedback

* indicates a required field

Certification

Thank you for registering for the Immunisation Course 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. 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.

5. If successful, completing a post study survey is a compulsory part of receiving this scholarship and I agree to do so.

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