Novo Nordisk-ADEA Diabetes Educators Graduate Scholarship Program

Application for Scholarship

**Applications must be sent to:**

**Email:** [**admin@adea.com.au**](mailto:admin@adea.com.au)

**Applications Close: 28th June 2013**

Certified Copies are acceptable. Do not send original documents.

PLEASE TYPE THE APPLICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Details | | | | |
| ADEA Post Graduate Degree Completed: | | | | |
| Institution: | | Date of Graduation: | | |
| Name: | | Title: | | |
| Workplace: | | | | |
| Address: | | | | |
| Phone: | Fax: | | | |
| E-mail: | | | | |
| Current position: | | | | |
| Commencement date: | | | | |
| Are you working in diabetes education: If so, please give brief details: | | | | |
| Qualification/s: | | | | |
| Duration of membership of ADEA: | | | | |
| Type of Membership:  Full  Associate | | | | |
| Previous Most Recent Positions (in ascending order): | | | | |
| Position: | | | From: | To: |
| Position: | | | From: | To: |
| Position: | | | From: | To: |
| Total period of employment in health industry: | | | | |

**Please answer the following questions:**

|  |
| --- |
| 1. How do you see the future direction of diabetes self-management education service provision in your local service area? |
|  |
| 1. Previous short courses or training in diabetes self-management education or related areas you have completed: |
|  |
| 1. Is there any information that you would like to add to support this application? (Optional) |
|  |
| 1. The support of your employer in this job role development will be important in  utilising the training. Please complete the statement below: |
| My employer is aware of this and supportive of the expansion of my role in diabetes education.   Yes  No  I agree that if I am successful in my application that I will submit a minimum 1000 word article on a subject of my choice, based on attendance at the Annual Scientific Meeting. The article will be available for publication in the ADE or presentation at an ADEA Branch or National meeting. I undertake to do this within two months of the successful completion of the course.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Please ask your employer to complete the management endorsement of this application and return to the address given overleaf. |
| MANAGEMENT/PEER ENDORSEMENT  I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name) to undertake the diabetes educator’s course and to provide dedicated time within job description for the provision of diabetes self-management education services.   Yes  No  If you are self-employed endorsement by a peer who regularly works with you is sufficient. |
| 1. Please specify the diabetes self-management education or related tasks that would be included in the work role: |
| Manager/Peer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |