

## Acceptance Form

Name of award	Vative Healthcare Scholarship - Innovation	
Value of award	\$3,000	
Name of project	Tracheostomy Care in Port Pirie Regional Health Service	
Name of recipient	Miss Demi Freer	
Postal address		
Current nursing registration number:		
Employer		
Position		
Email		
Phone	Work:	Mobile:

Payments to recipient will be made on the receipt of this acceptance form, bank details form and documentary evidence of current employment in the form of a letter from your employer or a copy of a current payslip.

I accept the scholarship offer and the Grants and Awards terms and conditions as described in the application.

I understand I'm required to within the next 12 months:

submit a short article about my project, and short bio about myself with a high res photo, to ACN for publication in nursing magazines and newsletters of ACN and Vative Healthcare.

submit a paper on the topic at the 2019 ACN National Nursing Forum.

be available for a photo opportunity with a representative from Vative Healthcare, if convenient.

**DIRECT DEPOSIT BANKING DETAILS**

**ACN Grants and Awards**

Please provide the required information below in order for Australian College of Nursing to deposit scholarship funds into your nominated bank account.

**Scholarship funds can only be paid to individuals, not to organisations.**

**Scholarship funds can only be paid into an account where the full name of the scholar matches the name of the account holder. Joint accounts are acceptable.**

**Scholarship funds can only be paid into a cheque or savings account.**

<b>RECIPIENT'S NAME</b>	
<b>ACCOUNT NAME</b>	
<b>NOMINATED BANK</b>	
<b>NOMINATED BANK BRANCH</b>	
<b>BSB NUMBER (6 digits in total)</b>	
<b>ACCOUNT NUMBER (up to 9 digits only)</b>	