

Acceptance Form

Name of award	Vative Healthcare Scholarship - Leadership	
Value of award	\$3,000	
Name of project	Leading humanity in our care: Early engagement, inclusive care and reduction in harm	
Name of recipient	Mrs Emma-Jane Davies	
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.

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