Postgraduate Study Scholarship Form
Form Preview

Postgraduate Study Scholarship

* indicates a required field

Supporting advanced nursing and midwifery practice

The **Postgraduate Study Scholarship** supports registered nurses, regulated health professionals and students enrolled in pre-registration Master's programmes to undertake postgraduate study that advances professional knowledge, strengthens clinical practice and contributes to better health outcomes across Aotearoa New Zealand.

By investing in postgraduate education, Nursing Research Aotearoa supports the development of a highly skilled health workforce equipped to meet the changing needs of patients, whānau and communities.

Applicants: please note

This section of the application form will confirm your eligibility for this grant.

Generative AI must not be used to complete this application.

We will not consider incomplete applications or applications received after the closing date.

You will automatically receive a PDF copy of your application after it is submited.

Application Number

This field is read only.

Confirmation of Eligibility

Are you a Registered Nurse, or a regulated health professional, or a student enrolled in a pre-registration Master's programme? *

○ Yes ○ No

Are you an Aotearoa New Zealand citizen who is living in New Zealand? *

○ Yes ○ No

Are you an internationally qualified nurse (IQN) working / studying in Aotearoa New Zealand? *

○ Yes ○ No

Have you received a Nursing Education and Research Foundation (NERF) grant or scholarship, not including the Emergency Grant, within the last 12 months? *

○ Yes ○ No

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Eligibility Result

Based on your responses

You DO NOT meet the eligibility requirements

You cannot proceed with this application as you do not meet the eligibility requirements.

You ARE eligible to submit an application

Please proceed with the application

Contact Details

* indicates a required field

Applicant Details

Applicant *
First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant address
Address

Applicant phone number *

Must be a New Zealand phone number.

Applicant email address *

Must be an email address.

Ethnicity *

You may select more than one option

Gender *

Self-Describe:

Priority Applications

* indicates a required field

Priority Applications

Priority will be given to applicants who have not received external support.

Have you recieved a grant, from any source, within the last 2 years? *
○ Yes ○ No

Are you receiving any financial support or income?
☐ Employment
☐ Work and Income Benefit
☐ Scholarship and / or Grant
☐ Student Allowance and / or Loan
☐ Other
At least 1 choice must be selected.
Select all relevant

You are NOT eligible or have been turned down for Health Workforce New Zealand funding ? *
○ Yes
○ No

Upload Documentation

Please upload the following documents as image files or PDF with a maximum file size of 25MB

Evidence of any income, grants or scholarships that you are receiving / have recieved within the last two years. *
Attach a file:

Enrolment Information

* indicates a required field

Enrolment Information

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What is the name of your Polytechnic, University, Wānanga? *

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

What is the programme of study are you undertaking or enrolled in? *

Are you / will you be studying full time or part time? *
○ Full time study ○ Part time study

What year did you undertake Te Tiriti o Waitangi training or Cultural Competency training? *

How did you find out about this scholarship? *
☐ Social Media
☐ Kaitiaki
☐ Advertisements
☐ NZNO
☐ Nursing School
☐ Place of Work
☐ Word of Mouth
At least 1 choice must be selected.
Select all that apply

Document Upload

Please upload the following documents as image files or PDF with a maximum file size of 25MB

Proof of Enrolment *
Attach a file:

Ensure document shows your name, course name and start date.

Student ID *
Attach a file:

Academic Transcript *
Attach a file:

Current CV *
Attach a file:

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Application Questions

* indicates a required field

How will the study you plan improve access to healthcare for Māori and others experiencing inequity? *

Word count:
Max 300 words

How will the study you plan improve outcomes for patients / whānau in your care? *

Word count:
Max 300 words

What are your nursing career goals and how will they be supported by this scholarship? *

Word count:
Max 300 words

Confirmation

* indicates a required field

I confirm that the information provided in this application is true and accurate to the best of my knowledge. I confirm that the responses in this application are my own work and have not been generated or written using artificial intelligence (AI) tools. *

○ Yes

Information from applications may be aggregated and analysed to understand application and funding trends, evaluate our programmes and to support equitable distribution of funding.