

VCE STUDENT SCHOLARSHIP

Distribution:	Corporate	
Section:	Human Resource Management	
Authorised by:	Signature	Date
	Darren Fitzpatrick, Acting Chief Executive Officer/Director of Nursing	

Purpose

To commit financial support through the provision of a \$500 scholarship for:

• VCE student, from the local community, that has successfully gained entry into an approved course to undertake training in a health related discipline.

Target Audience

VCE Students from the local community

Policy Statement

Omeo Districts Health supports the ongoing learning and development needs of staff and community members.

Committing to educational scholarships builds on our strategic direction ensuring that ODH is a sustainable health service.

- This scholarship is made available for fields of study that are relevant to the current and future requirements of ODH and must be undertaken through a university / TAFE or registered training organisation.
- Scholarship applications will be invited periodically at the discretion of the BOM. The decision to offer annual scholarships will be made by the BOM.

VCE STUDENT APPLICATION PROCESS

ELIGIBILITY

- Current resident of Omeo District
- Has successfully gained entry into an approved course to undertake training in a health related discipline.
- Has received a letter of support from Principal.
- Will be available to present to ODH Board meeting to receive cheque and provide brief overview of career ambitions relating to course of study.

A panel of CEO/DON, BOM representative and one staff representative will assess the applications and interview the candidates.

• a "scholarship application form" (last page) must be completed and forwarded to the committee by the determined close of application date.

The application will be considered on individual merit and guided by the following considerations:

- Demonstrated benefit to the hospital
- The contribution made by the student to the community in either a voluntary or paid capacity.
- The scholarship is to be used for the costs incurred as a result of study or course requirements.
- A partial scholarship may be offered.

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PROCESS

- Expressions of Interest (EOI) will be called for in January following finalisation of University offers.
- Students enrolled in advanced study (other than a University course) leading to Certificate 2, 3 or 4, Diploma may also apply at this point.
- > EOI will be advertised in the local news sheet and placed on ODH website.
- 1. In order for the panel to make a decision based on merit applicants are requested to provide sufficient detail for the use of the proposed funds. i.e support purchase of books / accommodation.
- 2. Prior to applying applicants should discuss their course / scholarship with his /her Principal and seek a letter of support towards the training.
- 3. Applications will be discussed by the management group and a shortlist provided to the Scholarship panel being made up of CEO / DON, BOM rep and staff member.
- 4. Should the scholarship not be fully utilised, the Board of Management reserves the right to offer an additional scholarship for the balance, in the same year.
- 5. Where no application of sufficient merit is received, in the opinion of the Interview Panel, the award may be deferred for the financial year in question.
- 6. Applications should use the attached template for their submission.
- 7. Students will receive the Scholarship amount at a Board presentation.

Desired Outcome

- To act as a support mechanism for the continuing education of the recipient.
- To encourage staff / VCE students to undertake further training in areas of organisational / rural health need.
- To build on succession planning.

Evaluation

People Matter survey results Employment of local students in the health field

Key Aligned Documents

Application Form

Key Legislation, Acts & Standards

References

Author / Contributors

Name	Position	Service/Program
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Darren Fitzpatrick	Acting CEO / DON	Corporate

Keywords

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APPLICATION FORM MEMORIAL SCHOLARSHIP OMEO DISTRICT HEALTH

Applications must reach the Chief Executive Officer by 4 p.m. 17/02/2017

Name of Applicant:		
Position:		
Department / School		
Phone No:		
Signature:		
Principal		
Signature of Principal:		
Description of		
proposed		
course.		
How has the		
need for this		
course been		
identified?		
Anticipated		
outcomes		
Benefit/s that		
will accrue to		
the		
organisation		
and/or identify		
improvements		
to patient care		
Linkage to the		
Strategic Plan		
Funding	No 🗖	
requested from	Yes 🗖	
any other		
source	If Yes, identify source:	
How will the		
funds be used?		
Scholarship		
amount	\$	
requested		

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