

Movement Disorder Nurse Specialist Pilot – EOI Application Form

Eligibility Criteria

To be considered for this role, you will need to:

- Hold APHRA registration as registered nurse (with no conditions)
- Have 5 years + experience in chronic disease support
- A strong interest in working with people with movement disorders e.g. Parkinson’s Disease
- Be working within the Western NSW Primary Network region and employed in one of the following:
 - Far West and or Western NSW Local Health Districts
 - General Practices
 - Aboriginal Community Controlled Health Organisations
- Have discussed this opportunity with your employer and have a support letter from your employer to submit with your EOI.
- Commit to participate in all research and evaluation activities throughout the course of the pilot period.
- Agree to deliver care and education into a care model in the service environment in which you work.

Contact Details

Title:	First name:	Surname:
AHPRA Registration Number:		
Place of Employment:		
Position/Role:		
Residential address:		
Workplace address:		
Suburb:	State/territory:	Postcode:
Phone (daytime):	Email address:	

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Application Questions.

1. Please outline your experience in providing chronic disease management, care and support. (Max 250 words)

2. Please provide a brief summary of your motivation to apply for this scholarship program. (Max 250 words)

Please Note: Applicants meeting the eligibility criteria will be invited to attend an interview in November 2020. Confirmation of dates and times will follow.

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This section must be completed by the person submitting the application.

I declare that:

1. I confirm the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements.
2. I declare that the organisation I am employed by is financially viable and capable of supporting me during the completion of this scholarship program.
3. I understand and accept that information provided in this application will be stored by WNSW PHN in various formats, including hard copy and/or electronic.
4. I agree to contact the WNSW PHN should I become aware of any changes to information contained in this application.
5. I understand that this application does not create a legal or binding commitment.
6. If the application is successful, I acknowledge that:
 - I will be asked to sign a Contract / Agreement with the WNSW PHN.
 - I will be asked to produce a letter of support from my current employer.
 - I will be required to complete education and training for a period of 12 months.
 - I will be required to participate in mentoring and clinical supervision activities throughout the period of the pilot project.
7. I understand if the conditions of the funding are not complied with:
 - The WNSW PHN will recover the funds allocated and
 - The WNSW PHN may terminate the contract with me.

Signature: _____

Name: _____

Date: _____

Please complete and sign this document and email with supporting documentation to procurement@wnswphn.org.au

Applications close at 11:59pm, Sunday November 15, 2020.

We acknowledge that we work on the traditional lands of many Aboriginal clans, tribes and nations. We commit to working in collaboration with our region's Aboriginal communities and peoples to improve their health, emotional and social wellbeing in the spirit of partnership