



Government of **Western Australia**
Department of **Health**

WA Cervical Cancer Prevention Program

2019-2020 Cervical Screening Scholarship Program

Part 1: Scholarship information and guidance
notes

Part 2: Application form

Part 1: Scholarship information and guidance notes for applicants

Introduction

WA CERVICAL SCREENING PROVIDER SCHOLARSHIPS APRIL 2019-2020. The WA Cervical Cancer Prevention Program (WACCPP) is pleased to announce that scholarships are available for eligible nurses and midwives working in the private and publicly funded sectors who are committed to delivering cervical screening in their workplace.

The WACCPP will consider applicants' requests for funding to cover costs associated with completion of clinical placements. This may include travel and accommodation, or the engagement of SHQ services necessary for the completion of clinical placements. The scholarship funding will be agreed with scholarship recipients on an individual basis, at the discretion of the WACCPP.

Applications

Applications for 2019-2020 are open now and will close June 2020.

Essential Criteria

To be eligible to apply for a scholarship you must:

- be a registered nurse or midwife
- be employed in a Western Australian workplace
- have support from your workplace to deliver cervical screening services on behalf of a supporting doctor, as part of your core work, and
- have already demonstrated a commitment to providing cervical screening services by completing the accredited cervical screening education (theoretical component) at SHQ
- be able to supply estimates/invoices for costs incurred by yourself or your workplace to complete your cervical screening clinical training.

Additional Criteria

Each scholarship application will be assessed independently by members of a WACCPP evaluation panel.

Applications will be assessed against the following additional criteria:

1. extent to which the applicant demonstrates a commitment to providing cervical screening services to eligible women in their workplace
2. extent to which the applicant has the capacity to meet the cervical screening needs of priority groups
3. extent to which the applicant will be able to raise awareness of the importance of regular cervical screening in their workplace/area
4. extent to which the applicant demonstrates understanding of and evidence of the need for cervical screening in their workplace/area
5. extent to which the applicant can demonstrate strategies to engage women in cervical screening
6. extent to which the applicant has thought about the changes and benefits that may occur as a result of the training
7. extent to which the applicant show a genuine passion for women's health

Guidance notes for applicants

Section 2: Essential criteria

Applicants are reminded that they must be currently registered as a nurse /midwife with AHPRA, working in Western Australia, completed the theoretical component of the SHQ course, and have the support of a Medical Officer to provide cervical screening services in the workplace.

If you are uncertain about your capacity to provide Cervical Screening Tests at time of application, and have answered maybe to this question, please identify the issues/barriers in the section provided on the application form.

Section 3: Additional criteria

In this section; address the additional selection criteria (listed above). Describe the factors that motivated you to apply to become a cervical screening provider. Be as comprehensive as possible in your response. The evaluation panel will be assessing your answers for evidence of your passion and commitment to women's health especially in relation to cervical screening services. Do your homework when answering the questions. Use available data to support your application when considering the benefits of you becoming a cervical screening provider. Consider how you will promote cervical screening services and engage eligible women in your workplace/community. Finally describe what outcomes you expect to see as a result of this training, and consider how you will measure this.

Section 4: Workplace demographics

Priority will be given to applicants who are working in a WA setting with limited availability of cervical screening services, lack of female providers, priority groups of women and /or low cervical participation rates.

Use separate paper to complete your answers if required

Section 6: Supporting Medical Officer

It is mandatory that you have support from a Medical Officer who will be responsible for signing your pathology requests and the ongoing management of women who are identified with screen detected abnormalities.

If you are unable to secure the support of a Medical Officer your scholarship application will be rejected.

Section 7: Employers details

Your employer may be a person other than your supporting Medical Officer.

It is important that your employer is aware that you have applied for a cervical screening scholarship and has considered how your new skills can be utilised.

Section 8: Expenses claim:

You must supply either estimates or invoices to support your claim for financial support to complete your clinical training

Each applicants claim will be assessed individually

You are able to claim for all or part of the costs.

You can only claim for expenses incurred by yourself.

WACCPP will consider costs for flights, accommodation, course fees and other funding such as:

- funds to backfill your usual position
- cost of securing an SHQ preceptor to attend your own workplace to supervise your clinical practice.

Please complete the table below outlining your actual/estimated expenses.

Expenses	Description	Total
Accommodation		
Travel		
Course fees		
Miscellaneous for example Backfill for your job whilst attending training External supervision i.e. cost to attract an SHQ preceptor to your workplace to deliver clinical training supervision		

Please attach invoices for any expenses already incurred.

Applicant declaration

I..... declare that I have not received financial support from any other sources.

All of the invoices supplied have been paid by myself and relate to the cost of completing the SHQ cervical screening course (clinical).

Signature of applicant

Part 2: Application form

Application form for a WACCPP Scholarship 2019-2020

Applications will be reviewed by an evaluation panel involving representatives from the WA Cancer Prevention Program (WACCPP). Applications will be assessed using a selection criterion. All registered nurses and midwives who have completed the theoretical component of the cervical screening provider course are encouraged to apply.

Section 1: Applicant details

Name:			
Home Address:			
Postal Address:			
Preferred Contact #:		(please circle) Home Work Mobile	
Email Address:			

Section 2: Essential criteria (please circle)

Are you a nurse, midwife, AHP/AHW registered with Australian Health Practitioner Regulation Agency	Yes / No
Are you employed in a Western Australian workplace?	Yes/No Full time / Part time / Casual
Have you completed the SHQ theoretical component of the CST course?	Yes /No Date completed
Do you have the support of a Medical Officer to deliver cervical screening services in your workplace?	Yes / No
Will you be able to provide cervical screening tests, (routine and self-collected samples) in your current workplace?	Yes / No/ Maybe

If you answered **maybe** to the last question please explain your reasons in the box below:

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Section 3: Additional criteria

Please answer the following questions (please use separate paper if required)

Please explain why you applied to SHQ to become a cervical screening provider

Describe how your current practice, location and patients will benefit from you becoming a cervical screening service provider.

How do you propose to engage women in cervical screening?

What service outcomes (changes /benefits) do you expect to see as a result of this training?

How will you measure /demonstrate the change that occurs as a result of your training?

Section 4: Workplace demographics. Do you work with any of the priority groups below?

Women living in rural/ remote areas	Yes /No
Aboriginal women	Yes/No
Women with a disability	Yes/No
Culturally and linguistically diverse (CaLD) women	Yes/No
Other groups of women known to be at risk of under-screening or never screening	Yes/No

Section 5: Work details

Location Name:	
Location Address:	
Location Phone #:	
Position Held:	

Section 6: Supporting Medical Officer

Supporting Medical Officer: Name	Signature
I am supportive of (insert name here) providing cervical screening to eligible women in my practice	Yes/No
I am happy to be responsible for the ongoing management of any women who has a screen detected abnormality	Yes/No
I am happy to support (insert name here) by allowing her /him to use my provider number on pathology request forms	Yes/No

Section 7: Employer details

Employer/Manager's Name:	
<p>I am supportive of _____ attending clinical training to become competent as a cervical screening provider.</p> <p>Applicants name</p> <p>_____</p> <p>Date: / /</p> <p>Employer/Manager's Signature</p>	

Applicants Signature

Date: / /

Applications can be either faxed or emailed to the WACCPP

Fax: 08 6458 1755

Email: cervicalscreening@health.wa.gov.au

Please direct any enquiries to

Kay Morton

Phone 6458 1747

Email: Kay.morton2@health.wa.gov.au